· How Kennedy strategists plan put over his health program How to make collection letters all better They're out to merge D.s and D.O.s Investment tip: atch the women

employed doctors are saying:

icles in STAND UP AND BE COUNTED ON



Thus:

to Pracple that ing the stions?

Don'ts

roblem,

not typof what . We're he's on formula...

she's on TACE

"...the most satisfactory drug for use at delivery in the suppression of lactation."²

TACE

(CHLOROTRIANISENE)

In over 3,000 patients studied, 13 only 3 cases of refilling were reported.

Withdrawal Bleeding Rare, 1-3 since TACE, stored in body fat, is released gradually, even after therapy is discontinued.

Dosage: 4 capsules daily for 7 days. Supply: Capsules containing 12 mg. TACE.

References: 1. Bennett, E. T., and McCann, E. C.; J. Maine M. A. 45:225. 2. Eichner, E., et al.: Obst. & Gynec. 6:511. 3. Nulsen, R. O., et al.: Am. J. Obst. & Gynec. 65:1048.

TRADEMARK: TAGE

THE WM. S. MERRELL COMPANY Cincinnati, Ohio • St. Thomas, Ontario

What's ahead for you

Medical Economics, April 24, 1961

WILL DOCTORS' INCOMES RISE again this year? There's reason to believe they will. Medical earnings traditionally follow the pattern of corporate earnings. And Standard & Poor's now estimates the 425 industrial firms in its index will earn an average of \$3.50 a share this year, compared with \$3.41 last year.

NO PAYMENT FOR SURGERY done in unaccredited hospitals? That's what one big Blue Shield plan is considering. The plan's officials feel that staffers in such hospitals too often attempt procedures for which they're not qualified.

DON'T EXPECT YOUR FEES EVER TO BE PAID under Kennedy's health plan for the aged. H.E.W. Secretary Ribicoff has told this magazine he doesn't think the program "should or will be extended to include physicians' services."

IF YOU HAVE SERIES E OR H SAVINGS BONDS bought between May, 1941, and May, 1949, you can keep them another ten years at a straight 3.75 per cent interest. It's been 2.9 to 3.47 per cent.

LOOKING FOR A GROWTH INDUSTRY where stock prices may double in two to four years? Wall Streeters point to short-haul airlines. Reason:

NE)

1.1-3

ere

fat, fter

lays.

mg.

and 225. vnec. m. J.

ell

ANY

The Government recently strengthened subsidies so that such carriers can earn profits of 9 to 12% per cent instead of 8 per cent. Examples of such stocks, priced from \$4 to \$10: Allegheny, Bonanza, Lake Central, Mohawk, North Central, Pacific, Piedmont, and Southern.

A BIG TAX BREAK is in store for you if a bill now before the House Ways and Means Committee is passed. It would allow you to tax-deduct any increase in your assets, inventories, and accounts receivable during the year up to a total of 20 per cent of net practice income.

WATCH THE MINIMUM-WAGE BILL in Congress. What happens to it may also happen when the bill for Social Security-paid health care for the aged comes up. Story on the wage bill: The House didn't give the President what he wanted. But his backers have high hopes the Senate will—and that the House will then go along.

TAX-SHELTERED PENSIONS and Social Security may yet be yours—from an unexpected source: your own medical corporation. Arkansas and South Dakota have passed laws based on an A.M.A. model that permits three or more physicians to incorporate for the practice of medicine. Other states are expected to follow.



once again, an active hand in "doing"-

PABALATE

mutually potentiating nonsteroid antirheumatics

ay

1961

"superior to aspirin"2 and with a "higher 'therapeutic index"11

When sodium should be avoided-

PABALATE'-SODIUM FREE

When conservative steroid therapy is indicated-

PABALATE-HC

Pabalate with Hydrocortisone

I. Barden, F. W., et al.: J. Maine M. A. 46:99, 1955.
2. Ford, R. A., and Blanchard, K.: Journal-Lancet 78:185, 1958.

H. ROBINS COMPANY, INC., RICHMOND 20, VIRGINIA

In each yellow enteric-coated
PABALATE tablet:

Sodium salicylate (5 gr.)
0.3 Gm.
Sodium para-aminobenzoate
(5 gr.) 0.3 Gm.
Ascorbic acid.....50.0 mg.

In each pink enteric-coated PABALATE-SODIUM FREE tablet:

Same formula as PABALATE, with sodium salts replaced by potassium salts.

In each light blue enteric-coated PABALATE-HC tablet:

Same formula as PABALATE-SODIUM FREE, plus hydrocortisone (alcohol) . . . 2.5 mg.

Making today's medicines with integrity . . . sorking tomorrow's with persistence.



Professional consultants recently examined 19 outstanding high school home economics and health textbooks and found that a basic cereal breakfast, among other breakfasts, appeared in every textbook examined. The majority of these textbooks included statements based on the Iowa Breakfast Studies.*

The need for a good breakfast every day is no longer a matter of opinion or personal preference. It is a scientific fact as demonstrated by the Iowa Breakfast Studies conducted by the College of Medicine at the State University of Iowa over the past decade.

A Summary of the Iowa Breakfast Studies, published by Cereal Institute, Inc., May 1, 1967.

CEREAL INSTITUTE, INC. 135 South La Salle Street, Chicago 3

A research and educational endeavor devoted to the betterment of national nutrition

cereals are low in fat

Medical Economics

National business magazine for physicians, April 24, 1961

Contents

What's ahead 1. Professional briefs 31. Letters 35. Financial briefs 139. Memo from the editors 248.

Your collections:

How to make your collection letters pull better. 47

One letter may be enough to collect delinquent bills—if it's timed right and written to appeal to the patient's self-interest

Your bills can be fun, he says-even for patients. 52

Your family:

ry

act

ast

of

C.

Short of funds for junior's college? Here's new help. 54

Your investments:

Investment tip: Watch the women. 66

They're spending more and more on cosmetics. Not even recessions make them stop. So consider investing in a cosmetics company

Are fire and casualty stocks bargains or booby traps? 69

'Heirloom' stocks: a good bet to bolster late-life income. 70

Your patients:

Traveling medical form keeps you up-to-date on patients. 71

Your specialty:

Now it's official: Specialists outnumber G.P.s. 72

And the trend shows no sign of stopping. More patients go straight to specialists and more specialists serve as family physicians

Copyright ⊕ 1941 by Medical Economics, Inc. All rights reserved under Universal and Pan-American Copyright Conventions. Published every other Monday at Oradell, N.J. Vol. 38, No. 9. Frice 60 cents a copy, \$12.50 a year (Canada and foreign, \$15). Circulation, 177,000 physicians in private practics. Address all editorial and business correspondence to MEDICAL ECONOMICS. Oradell, N.J. Velture credits: cover, \$6, Mary Cottingham; \$6, 80 Brown; 86-67, Courtesy Revion, Inc.; 77, Alfred W. Isler; 78-79, Mottke Weissman; 88, Ted Streshinsky, Pix; 90-91, Alian Gould, Pix; 92, Hugo Happer, Pix; 93, Strauss Peyion; 134, Pabian Backnach; 148, Herbert Bruce Cross; 132, Eison-Alexandre; 138, Graphic House; 170, George Wolfe; 182, Gardner Rea; 186, 191, Wide World Photo; 188, UPI Photo; 196, 198, 200, 202, Reamer Keller; 209, Arthur Clarks.



Your specialty (cont.):

G.P.s as family doctors? Not for most medical families. 76

Your records:

nt

7e

edand re-

on.

ges,

and 21/2,

Bottle NEMA L REpining

cles

INC.

How to speed your handling of Federal disability reports. 77

Your office:

What centralized billing offers you. 78

Would you do well to turn all your billing over to an agency? The answers to these six questions will help you decide

Your retirement:

'Stand up and be counted on Social Security!' 86

Self-employed physicians are asking for a poll to settle the fight that's dividing American medicine. Here are some pros and cons

Your associates:

They're out to merge M.D.s and D.O.s. 143

Despite conflicts in both camps, California's medical and osteopathic societies stand a good chance of converting the state's D.O.s to M.D.s. If they do, many doctors foresee benefits for both

Your home:

Buying an older house? Check these trouble spots. 162

Your politics:

How Kennedy strategists plan to put over his health program. 168

The Administration has powerful support to help it put through the Anderson-King bill. But it also faces some formidable opposition. Here's the inside story on the strategy being employed by backers of the most crucial bill for the medical profession in our time



FOR SAFE EFFECTIVE TREATMENT OF PSORIASIS



Clinically tested, safe and effective RIASOL offers maximum assurance against recurrence and adverse reactions. RIASOL contains 0.45% Mercury chemically combined with soaps, 0.5% Phenol, and 0.75% Cresol. Available at pharmacies or direct in 4 and 8 fluid ounces. Write for professional sample and literature.



Dept. 109

B

12850 MANSFIELD . DETROIT 27, MICHIGAN

Your practice:

I got the message, and I'm sorry I did! 195

This doctor tried gadget after gadget so he wouldn't miss phone calls. His diverting story has won a 1961 MEDICAL ECONOMICS Award

Your world:

The smut peddlers. 206

Newspaperman James Jackson Kilpatrick spent months researching the pornography markets to see just how readily American youngsters can obtain filthy literature and photographs. He reports his findings in these highlights from his recent sensational book

Why suppress pornography? Maybe it's healthy! 238

A psychiatrist disagrees with Mr. Kilpatrick. After reading the preceding book condensation, he's 'squarely on the side of the devils'

Humor:

Anecdotes, 85, 136

Cartoons. 56, 77, 170, 182

Practice problems on your mind?

Maybe a problem in your office routine has you stumped—about billing, perhaps, or collections, or your aide's duties, or your professional- or patient-relations. Why not put it to the six experts who write the MEDICAL ECONOMICS feature, Practice Management Question Box?

If your query is of profession-wide interest, it may be answered in print—with an advance copy to you. If not, it will be answered by mail.

Address your question to: Editor, Practice Management Question Box, MEDICAL ECONOMICS, Oradell, N.J.

double trouble of the g.i. tract?



dual action in the therapeutic attack ENARAX 10 provides
10 mg. oxyphencyclimine
the inherently
long-acting anticholinergic
plus 25 mg. ATARAX®†
the tranquilizer
that does not stimulate
gastric secretion

NEW CONVENIENT LOW DOSAGE

NOW AVAILABLE

ENARAX 5

Oxyphencyclimine HCl5 mg. ATARAX (Hydroxyzine HCl) ...25 mg.

1 tablet twice daily Supplied: Bottles of 60 scored white tablets.

ENARAX A SENTRY FOR THE G.I. TRACT BLOW BLOW

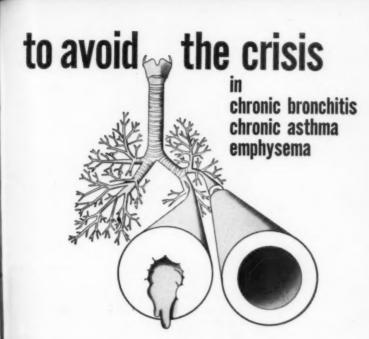
Proven effective for continuous relief of both physical and emotional aspects of G.I. disessahypermotility, hyperacidity, and hyperemotivity. One tablet b.i.d. provides 24-hour control of symptoms in peptic ulcer, gastritis, gastroenteritis, colitis, functional bowel syndrome, duodeniis, hiatus hernia (symptomatic), irritable bowel syndrome, pylorospasm, cardiospasm, biliary trad dysfunctions, and dysmenorrhea. ENARAX 10 has been successful in 92% of cases.¹⁻³ Let your G.I. patients profit from its dual, full-time therapeutic action.

Dosage: One ENARAX 10 tablet twice daily – preferably in the morning and before retiring. The maintenant dose should be adjusted according to the therapeutic response. Use with caution in patients with probable hypertrophy and only with ophthalmological supervision in glaucoma. Supplied: In bottles of 60 black-and-wite scored tablets. Prescription only.

References: 1. Hock, C. W.; Am. J. Gastroenterol. 34:293 (Sept.) 1960. 2. Leming, B. H., Jr.; Clin. Med. 6:423 (Mail 1959. 3. Data in Roerig Medical Department files.

FOR HEMATOPOIETIC STIMULATION WHERE OCCULT BLEEDING IS PRESENT HEPTUNA® PLUS THE COMPLETE ANEMIA THERAPY

New York 17, N. Y. Division, Chas. Pfizer & Co., Inc. Science for the World's Wall Bring!



Choledyl provides uniformly effective bronchodilatation throughout long-term therapy. Choledyl, taken regularly, helps prevent severe flare-ups in patients with chronic respiratory disease (the aging in particular) by affording continuous relief from debilitating bronchospasm. Gastric irritation and other unwanted effects are rare.

CHOLEDYL

THE CHOLINE SALT OF THEOPHYLLINE

5 mg.

.i. disease ur control el e, duodenitis.

biliary trad

with protest

ted. 6:423 (Mar

rer & Co., inc. rid's Well-Being brand of oxtriphylline

keeps the airways open

Supplied: 200 mg. tablets (yellow), bottles of 100. Precautions: Side effects have been minimal but may include CNS stimulation or, rarely, palpitation. Full dosage information, available on request, should be consulted before initiating theraby.



therapy.

makers of Tedral Gelusil Proloid Peritrate Mandelamine



Like oil on trouble waters

TABLETS - CAPSULES - ELIXIR - EX

VATU

In each Tablet, Capsule or tsp. (S et.) of Elixir

Hyoscyamine sulfate 0.1037 mg. Atropine sulfate 0.0194 mg. Hyoscine hydrobromide 0.0065 mg.

Phenobarbital (% gr.) 16.2 mg.

Prescribed by more physical than any other antispose

ole

ers



more phy r antispas



VATURAL BELLADONNA ALKALOIDS PLUS PHENOBARBITAL

ROBINS CO., INC., RICHMOND 20, VIRGINIA · Ethical Pharmaceuticals of Merit since 1878



Lifts depression...as it calms anxiety

Smooth, balanced action brightens mood, restores normal sleep...rapidly and safely

Balances the mood—no "seesaw" effect of amphetamine-barbiturates and energizers

Acts swiftly - the patient soon returns to her normal activities

Acts safely - no danger of liver or blood damage

Desage: Usual starting dose is 1 tablet a.i.d. When necessary, this dose may be gradually increased up to 3 tablets a.i.d.

Edi Art Assi

Art. Prod

BI

Public

Sales

Reseas

Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCI) and 400 mg. meprobamate.

Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.

'Deprol'

V

WALLACE LABORATORIES / Cranbury, N. J.

Medical Economics

April 24, 1961

Editorial Director: William Alan Richardson

Editor: R. Cragin Lewis

Executive Editor: Horace Cotton

Managing Editor: Lewis A. Miller

Senior Editors: William N. Jeffers, Herbert H. Kauffman, John R. Lindsey

Art Director: William L. Serio Administrative Editor: John A. Nalley

Consulting Editors: David Beck, M.D., Henry A. Davidson, M.D.,

Alfred P. Ingegno, M.D., Irving M. Levitas, M.D.

Senior Associate Editors: Robert L. Brenner, Garrett Oppenheim.

Arthur M. Owens

Associate Editors: Pearl Barland, Stephen B. Espie, A. Robert Ferguson. Paull M. Giddings, Marguerite S. Hecking, Howard R. Lewis, Jean Pascoe,

Richard P. Pratt. Roxanna M. Sayre, Ann Weeks, Ethel R. Wood

Assistant Editors: Jane A. Blood, Elizabeth F. Bullis, B. Margaret Edmonds,

Janet C. Whitehead

Editorial Assistants: Barbara E. Kerr, Trudy A. Naef

Art Production Manager: Joseph Coleman

Assistant Art Director: William J. Kuhn

Art Associates: Dominick Cirri, Ruth Dash, Gary L. Hoedemaker

Production Associates: Carol Wilson Reid, Ruth F. Tompkins, Grace M. Voorhis



ood, fely

is 1 tablet blets aid

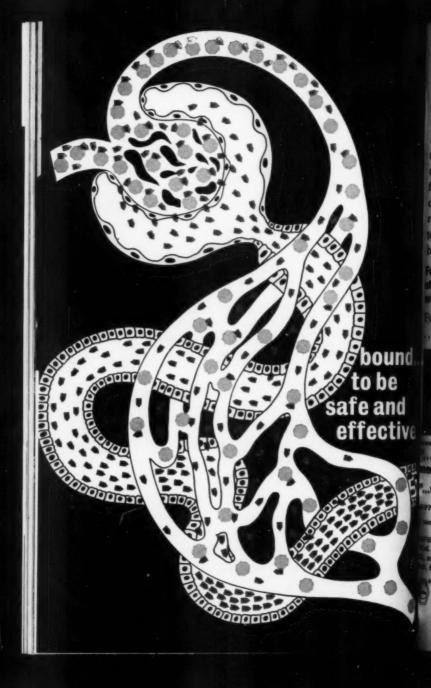
yzine HCI) oink, scored nd samples.



Publisher: W. L. Chapman Jr. Sales Director: Douglas B. Stearns

Sales Manager: Phillips T. Stearns Production Manager: J. E. Van Hoven

Possarch Director: August A. Fink Circulation Director: Howard B. Hurley



in <u>any</u> urinary tract infection: "it is the kidney which is the most important consideration"..."Infections limited to the lower prinary tract are comparatively rare"²

in the bloodstream, free FURADANTIN and FURADANTIN bound to plasma proteins are in equilibrium == 1 filter. Free FURADANTIN passes readily through the glomerular filter. Frotein-bound FURADANTIN, however, is not filtered by the glomerulus and reaches the peritubular capillaries. Here equilibrium is restored, and the FURADANTIN released from its bound state diffuses through the interstitial spaces and is secreted by the tubular cells. Exacting studies "suggest a three-component system for the renal transport of nitrofurantoin. That is, this nitrofuran appears to be filtered at the glomeruli and both secreted and reabsorbed by the tubules." 3

uradantin safeguards the kidney via a "three-component system f renal transport"... insuring continuous, intimate contact with functioning renal tissue

for more than 8 years . . . in over 8,000,000* courses of treatment . . . a distinguished record of safety and efficacy

FURADANTIN°

al mitrofurantoin

und

ctive

..may be given for extended periods of time without developmt of side effects or of drug-resistant mutants."*

...was given continuously and safely for as long as three years."*

PTLIED: Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

MENCES; 1. Thompson, I. M.: Family Physician, Chicago 9:14, 1959. 2. Campbell, M. F.; Med. 24:85, 1956. 3. Paul, M. F., et al.: Am. J. Physiol. 197:580, 1959. 4. Johnson, S. H., and Marshall, M., Jr.: J. Urol., Balt. 82:162, 1959. 5. Lippman, R. W., et al.: J. Urol., 1957, 1958.

PEATON LABORATORIES
Division of The Norwich Pharmacal Company
NORWICH, NEW YORK



The continuing clinical effectiveness of Terramycin therapy derives as always from its proven antibiotic characteristics—rapid absorption; notably wide distribution in body tissues and fluids; high, active urinary concentrations; and a broad anti-infective spectrum embracing even inch a troublesome organism as Pseudomonas. Additionally, Terramycin therapy provides the assurance of a 10-year record of acceptional toleration.



Cosa-Terramycin

oxytetracycline with glucosamine today's oral form of Terramycin

IN BRIEF

Cosa-Terramycin provides oxytetracycline (Terramycin®) with glucosamine for enhanced absorption.

mecations: Because oxytetracycline is effective against both gram-positive and gramsegative bacteria, rickettsiac, spirochetes, large viruses, and certain parasites (amebac, pinworms), Cosa-Terramycin is indicated in a great variety of infections due to susceptible organisms, e.g., infections of the respiratory, gastrointestinal, and genitourinary tracts, surgical and soft-tissue infections, sphthalmic and otic infections, and many others.

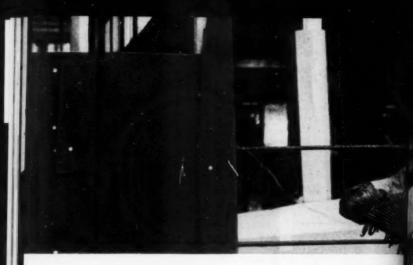
DMINISTRATION AND DOSAGE: Adults: 1 Gm. of oxytetracycline daily in four divided dues is usually effective. In severe infections, larger dosage (2-4 Gm. daily) may be indicated. Infants and children: 10-20 mg. of mytetracycline per lb. of body weight daily. Certain diseases are treated in courses.

EFFECTS AND PRECAUTIONS: Antibiotics may allow overgrowth of nonsusceptible againsms—particularly monilia and resistmstaphylococci. If this occurs, discontinue maication and institute indicated suppor-

tive therapy and treatment with other appropriate antibiotics. Aluminum hydroxide gel has been shown to decrease antibiotic absorption and is therefore contraindicated. Glossitis and allergic reactions are rare. There are no known contraindications to glucosamine.

SUPPLIED: Cosa-Terramycin Capsules, 250 mg. and 125 mg. Terramycin is also available in: Cosa-Terrabon® Oral Suspension, a palatable preconstituted aqueous suspension containing 125 mg. per 5 cc. teaspoonful, bottles of 2 oz. and 1 pint; Cosa-Terrabon® Pediatric Drops, a palatable preconstituted aqueous suspension containing 5 mg. per drop (100 mg. per cc.), bottle of 10 cc. with calibrated plastic dropper; and Terramycin Intramuscular Solution, conveniently preconstituted, in the new 10 cc. multi-dose vial, 50 mg. per cc., and in 2 cc. prescored glass ampules, containing 100 mg. or 250 mg., packages of 5 and 100. In addition, a variety of other systemic and local dosage forms are available to meet specific therapeutic requirements.

More detailed professional information available on request.



Put your low-back patient back on the payroll

Soma's prompt relief of pain and stiffness can get your low-back patients back to work in days instead of weeks

Soma is unique because it combines the properties of an effective muscle relaxant and an independent analgesic in a single drug.

Thus with Soma, you can break up both pain and spasm fast, effectively . . . help give your patient the two things he wants most: relief fro pain and rapid return to full activit

Soma is notably safe. Side effect are rare. Drowsiness may occur, usually only with higher dosay Soma is available in 350 mg. table USUAL DOSAGE IS 1 TABLET Q.I.D.

The muscle relaxant with an independent pain-relieving action





W Wallace Laboratories, Cranbury, New Jersey



vitamin deficiencie tend to be multiple, give your postoperative patient the protection of

MYADEC

high-hotency vitamin formula with min

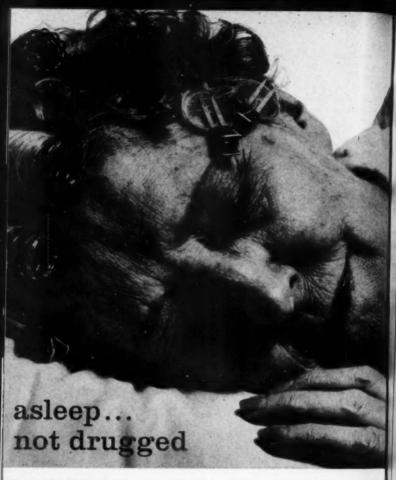


It is generally agreed that after surgery, or at other times of physiologic stress, vitamin reserves may be depleted. MYADEC lelps to correct such deficiencies. Just one capsule daily supplies therapeutic potencies of 9 vitamins, plus various minerals normally found in body tissues. MYADEC is also valuable for the prevention of vitamin deficiencies in those patients whose customary diets are lacking in important food factors. Each MYADEC capsule contains: Vitamins: Vitamin B, crystalline-5 mcg.; Vitamin B, (G) (ribeflavin) - 10 mg.; Vitamin B. (pyridoxine hydrochloride) -1mg.; Vitamin B, mononitrate-10 mg.; Nicotinamide (aiscinamide) - 100 mg.; Vitamin C (ascorbic acid) - 150 mg.; Viamin A-(7.5 mg.) 25,000 units; Vitamin D-(25 mcg.) 1 O 1000 units; Vitamin E (d-alpha-tocopheryl acetate concen-1000 units: Vitamin E (d-alpha-tocopheryl acetate concentrate) Minganese-1 mg.; Cobalt-0.1 mg.; Potassium-5 mg.; Melybdenum - 0.2 mg.; Iron - 15 mg.; Copper - 1 mg.; Zinc -1.5 mg.; Magnesium - 6 mg.; Calcium - 105 mg.; Phosphorus 40 mg. Bottles of 30, 100, and 250.

PARKE-DAVIS

well gasts a prosensive Debut in Minings





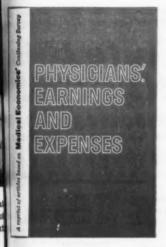
For a night of deep, refreshing sleep and a lively awakening...Noludar 300...one capsule a bedtime promises 6 to 8 hours of undisturbed sleep without risk of habituation, without barbiturate "hangover," toxicity or even minor side effects. Try Noludar 300 for your next patient with a sleep problem. One capsule at bedtime. Chances are she'll tell you

"I slept like a log"
NOLUDAR 300



Yardsticks for you

Reprints of MEDICAL ECONOMICS' 1960-61 series of 15 articles on the finances of modern U.S. medical practice are now available in booklet form. The articles are packed with useful factsdrawn from a meticulously planned, statistically valid survey-concerning physicians' earnings and expenses, income from health plans, collections, accounts receivable. income taxes, etc. With this booklet on your shelf, you won't have to hunt for the statistical data you want-nor will you have to tear pages out of your copies of MEDICAL ECONOMICS.



You may obtain this booklet by sending \$2.00 to:
PHYSICIANS' EARNINGS AND EXPENSES

Medical Economics, Inc. Oradell, N. J.

Idical Economics, April 24, 1961

what TWISTON does for your allergy patient

TVISTON takes him out of this class: zzzzzzzzzz



puts him into this class: !!!!!!!!!!!!!

TWISTON is "tailor-made" to keep your allergy patient alert. Twiston is unsurpassed for symptom control. Twiston is effective in unusually low dosage: has a prolonged duration of action—drowsiness rarely occurs. No toxicity reported.

MCNEIL McNeil Laboratories, Inc., Philadelphia 32, Pa.

TWISTON

- ...anti-allergie
- ...anti-side effects
- available as:
- TWISTON, 2m

set.

y for

(Repeat Action Tablets), Ams.

THINK!

when did you buy your Hyfrecator ? ?*

2 YEARS AGO? 6 YEARS AGO? 12 YEARS AGO? 16 YEARS AGO?

or even

22 YEARS AGO?

It hung conveniently on your wall...connected ...ready for instant use...for quick destruction of unwanted — perhaps dangerous — lesions on entire surface of the body or within accessible orifices.

Thousands of physicians the world over are still using their original Hyfrecator procured 2 years ago and perhaps have used it a dozen times daily. This has cost each owner less than 1/20th of 1 cent per day to own a Hyfrecator. No wonder thousands of physicians have produmed the Hyfrecator as not only the most seful instrument ever possessed in the medical office but the best instrument.

(one or more at \$84.00 each)

RECT FROM THE FACTORY

will ship direct and bill you through the surgical supdealer you name on your regular account with him.)



*coined name meaning high-frequency eradicator.

FREE!

Tects

g. 2st

W R.A

dent.

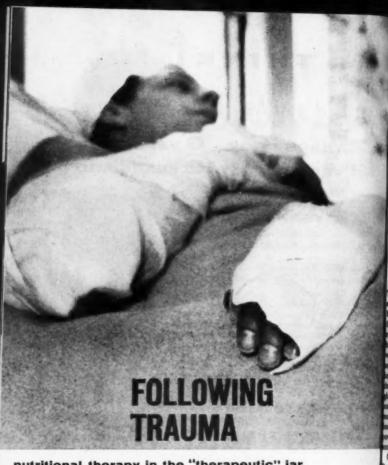
direct factory orders #726 Hypo-Hyfreneeset, regularly \$6... most valuable accesfor the Hyfrecator.

B

			O	

THE BIRTCHER CORPORATION Dept. ME-461-B 4371 Valley Boulevard, Los Angeles 32, California Ship me prepaid:

Name of Doctor:______City
Street:_____City:_____



nutritional therapy in the "therapeutic" jar

STRESSCAPS helps meet increased metabolic requirements in burns, fractures and wounds. Abnormal levels of water-soluble vitamins are suddenly required and wounds. Anonomal levels of water-soluble virtains are suddenly required with other nutritional factors—just as the stress reaction induces severe depletion. 2 and alters metabolism. High potency supplements must be administered. 2 as provided by STRESSCAPS, to support rapid recovery and prevent general complications of metabolic failure. Of "therapeutic" importance to the out-patient, the attractive STRESSCAPS jar is a convenient reminder of daily dosage . . . insuring adequate intake over the therapeutic course.

Each capsule contains: Thiamine Mononitrate (B₁) 10 mg., Riboflavin (B₂) 10 mg., Niacinamide 100 mg., Ascorbic Acid (C) 300 mg., Pyridoxine HCl (B₂) 2 mg., Vitamin B₁₂ 4 mgm., Calcium Pantothenate 20 mg., Vitamin K (Menadione) 2 mg. Average dose: 1-2 capsules daily.

1. Richardson, M. E.: J. Am. Osteop. A. 67:562 (May) 1958. 2. Mason, M. L.: Northwest Med. 57:1439 (Nov.) 1956. S. Coleman, S. S.: Am. J. Surg. 97:43 (Jan.) 1959.

LEDERLE LABORATORIES, & Division of AMERICAN CYANAMID COMPANY, Pour River, New York

STRESSCAP

AT LAST...AN EYEGLASS HEARING AID' FOR SEVERE HEARING LOSSES...

and of course it's a ZENITH

ZENITH DYNA-RANGE

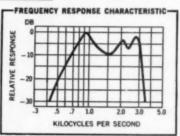
Monaural-Binaural
A Gold Seal Series
Hearing Aid



Conventional hearing aid performance in a convenient eyeglass hearing aid!

You probably have patients who prefer an eyeglass hearing aid to the conventional aid. there been unable to get satisfactory performance from those available. Or they may rquire two instruments for the benefits of mural hearing, which is more practical ih an eyeglass hearing aid. For this group, nd for those who now wear eyeglass hearg aids of insufficient power, Zenith has reloped the new Dyna-Range...an eyeas model hearing aid that has the power ad frequency response of a conventional odel. The Zenith Dyna-Range is possible same of a new, improved four-transistor wer circuit, specially designed earphone, nd "float-mounted" Permaphone.®

Other features of the new Zenith Dynalang Hearing Aid include adjustable temple bars and connectors . . . combination volume control and on-off switch, and choice thack or mink colors.



Frequency response curve made with output into 2 cc. coupler through 1½ in. of #11 tubing, with volume control set at 40 db gain. Free field sound pressure input level of 60 db.

or ou ou.

Maximum Acoustic Gain
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db ± 3 db
Maximum Acoustic Power Output.

Life db

*User purchases lenses and frame, if needed, from his own eyeglass specialist.

we you consider a Zenith Hearing Aid, you can be assured your patient will receive every benefit posima... The understanding, skilled assistance of Zenith dealers...instruments of finest quality and permanet—backed by the world leader in TV and radio...servicing facilities unmatched in the industry.



	MKIIL	FOR IMP	MMMIIVE	
Hearing	Aid Division,	Zenith Radio	Corp., Dept.	39R
6501 W.	Grand Avenu	e, Chicago 3	5, Illinois	

Please send me the complete story about the newest Zenith "Living Sound" Hearing Aids.

RAME					
ADBRESS		7			
CITY	2086	STATE			

Helps to PREVENT the consequences of

to gas and distention

Postprandial pain and discomfort due

TRU

the only CHEWABLE digestive aid...acts physiologically without delay, mixes with food during ingestion

Each chewable TRULASE tablet contains: SMP-Standardized amylolytic enzyme* 30 mg. SMP-Standardized proteolytic enzyme** 6 mg., SMP-Standardized lipolytic enzyme*** 25 mg Dosage: One or more tablets chewed during meals. Supplied: Bottles of 30 and 100 *from Aspergillus oryzae **from Carica papaya ***Lipase from Pancreatin 3X. Potency established prior to mixture with other ingredients.

MILLER & PATCH, INC., New York 10, N.Y.

Professional briefs

Medical Economics, April 24, 1961

WHAT'S YOUR MAJOR GRIPE ABOUT BLUE SHIELD? Of several hundred doctors recently asked this question, only one in five complained that his plan's schedule of allowances was too low.

YOUR TEEN-AGER'S RISK OF BEING CROWDED OUT of college may not be so big after all. "The jam actually is on at only about thirty-five of the colleges," says Dr. Robert Bilgrave, director of admissions at Johns Hopkins.

ANOTHER M.D.-D.O. MERGER? Medical and osteopathic leaders in one Midwestern state are now holding talks about converting another osteopathic college (California's led the way) to an A.M.A.-accredited school.

THE FIRST DOCTORS' UNION has made its first pay demand. The Association of Doctors and Dentists of the (New York City) Department of Health—recently named sole bargaining agent for 1,000 city-employed doctors—wants their salaries hiked from \$5 an hour to \$10.

IF YOU DISPENSE DRUGS, you can be held liable for bad results even if the drug is in the maker's sealed container when the patient gets it. That's Medicolegal Expert Howard Hassard's

10, N.Y.

ysiologogestion gestion

30 and 100 ax. Potency

... Professional briefs

analysis of the Cutter polio vaccine case. The court held that vaccine is like food; maker and seller both imply warranty. "Thus," he says, "an innocent doctor-dispenser can be hooked."

A LIBEL SUIT INVOLVING KREBIOZEN may finally settle the long medical dispute over the alleged anti-cancer drug. Krebiozen Backer Dr. Andrew C. Ivy charges that Educator George D. Stoddard libeled him in an anti-Krebiozen book. The trial judge says a key issue will be the drug's "medical potency or lack of potency."

HEAL THYSELF? At a recent meeting of Indiana G.P.s, only 40 out of 394 doctors present took the extensive physical exam they were offered.

IF YOU DON'T KNOW WHAT SHOTS are recommended for patients going abroad, the 25¢ booklet "Immunization Information for International Travel" will tell you. Write to the Government Printing Office, Washington, D.C.

DO YOUR HOSPITALIZED PATIENTS STAY TOO LONG? The average stay in short-term non-Federal hospitals is now eight days. But the average is more than nine days in Maryland, New York, and Pennsylvania.

The rands,

ly

Dr. D. oook.

na

ook ed.

d

. nent

?

1961

d

D. e

k

nt

1961

radiocardiography

supports

electrocardiography

nt

radiocarding aphy

sinogqua

E.

Bi S.

1. John 173. 12 Johnson Produc Exhibit June 1 Med. J

olectrocardiography

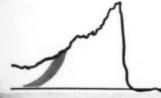
Now...2 objective tests demonstrate that

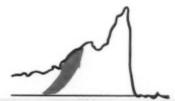
Peritrate produces a substantial and sustained increase in myocardial blood flow in patients with or without angina

Radioisotopic measurements show: In postcoronary patients, with or without angina, Peritrate increases myocardial blood flow "... beginning within one hour after ingestion and lasting up to five hours . . ."

Before Peritrate—Tracing shows reduced myocardial blood flow (red area) after infarction.²

After Peritrate - Significant increase in myocardial blood flow of postcoronary patient.





ECG response to standard exercise shows: A 20 mg. dose of Peritrate "... affords protection for four to five hours ..."

Before Peritrate - Exercise ECG shows S-T segment depression.



After Peritrate—Exercise ECG shows normal S-T segment.



Peritrate is safe — causes no change in cardiac output, no significant change in blood pressure or pulse rate.

full dosage information, available on request, should be consulted before initiating therapy.

basic therapy in coronary artery disease

-with or without angina

I. Jahmon, P. C., and Sevelius, G.; J.A.M.A. 173.1231 [July] 1960. 2. Sevelius, G., and Jahnon, P. C.: Use of Radioisotopes to lacord Myocardial Blood Flow Changes roduced by Coronary Dilators, Scientific Biblit, A.M.A. Meeting, Miami, Fla., July 1960. 3. Russek, H. I.; Postgrad. Lad. 19562 (June) 1956. Peritrate de la partir de la contractica del la contractica del la contractica de la



makers of Gelusti Mandelamine Tedral Protoid





tin

sti

col

in leading headache clinics, the drug of choice for migraine is

CAFERGOT*

First thought in migraine:

CAFERGOT TABLETS: ergotamine tartrate 1 mg., caffeine 100 mg. (Color: light gray, sugar-coated.) Dosage: 2 at first sign of attack; if needed, 1 additional tablet every ½ hour until relieved (maximum 6 per attack).

CAFERGOT SUPPOSITORIES: ergotamine tartrate 2 mg., caffeine 100 mg. Dosage: 1 as early as possible in attack; second in 1 hour, if needed (maximum 2 per attack). When the headache is associated with nervous tension and G. I. disturbance:

CAFERGOT P-B TABLETS: ergotamine tartrate 1 mg., caffeine 100 mg., Bellafoline 0.125 mg., pentobarbital sodium 30 mg. Warning: May be habit forming. (Color: bright green, sugar-coated.) Dosage: same as Cafergot Tablets.

GAFERGOT P-B SUPPOSITORIES: ergotamine tartrate 2 mg., caffeine 100 mg., Bellafoline 0.25 mg., pentobarbital sodium 60 mg. Warning: May be habit forming. Dosage: same as Cafergot Suppositories



Letters

Medical Economics, April 24, 1961

\$21,000-a-year family

SIRS: The \$1.602 yearly food bill in "How a \$21,000-a-Year Medical Family Lives" gave my wife, four children, and me quite a chuckle. Our arithmetic shows that the remarkable Grays spend only 36 cents per meal per person. We have a plan that might help the Gravs reduce food costs still further: Keep a 100-pound sack of rice handy to allay hunger; supplement the family's diet with free-sample vitamins; serve small amounts of fish several times a week (for protein); restrict meat and poultry to a couple of holidays a year. They might save yet another thousand dollars!

-Herbert Fletman, D.O. Philadelphia, Pa.

Sims: . . . My wife and I are "depression children" too, and we operate under the same kind of budget as the Gray family.

-Charles A. Royer, M.D. Oklahoma City, Okla.

SRS: ... I fear the Gray family will eventually suffer because of its meager contribution to church and charity. And I don't agree with Dr. Gray's excuse that his work without pay counts as a contribution. I never think of counting my charity medical duties as donations. Regular saving is commendable, but miserliness is not.

-W. Louise Pierce, M.D. Azle, Tex.

SIRS: . . . After reading Dr. Gray's story, I've decided I should have married a better household manager.

—Henry Appelbaum, M.D. Wilton, Conn.

SIRS: ... I think any doctor in the \$21,000 income bracket who contributes so little to charity is shirking his civic responsibility.

-Henry A. Scovill, M.D. Ypsilanti, Mich.

Medicine's voice

SIRS: You recently published a letter from A.M.A. President E. Vincent Askey, saying that if a doctor's voice isn't heard in the affairs of medicine, "it's the

cith nce:

foline
0 mg.
Color:
: same

RIES: 00 mg., sodium orming. sitories.

a major improvement in

PURILITIS VACCINE POLIOMYELITIS VACCINE, PURIFIED

TYF

TYP

njectio

ministe The pr

rough

such as

MORE RAPID PROTECTION

PURIVAX Poliomyelitis Vaccine provides earlier establishment of immunity in a significant proportion of patients. Studies have shown that, after only two doses of the recommended three-dose series, 98 to 100 per cent of patients are immune to Type I (Parker), 97 to 100 per cent are immune to Type II, 92 to 100 per cent are immune to Type III.^{1,2}

GREATER SAFETY

PURIVAX Poliomyelitis Vaccine induces high antibody titers against all three types of poliomyelitis virus. Moreover, the highly virulent Mahoney strain of Type I has been replaced by the less virulent Parker strain for even greater safety.

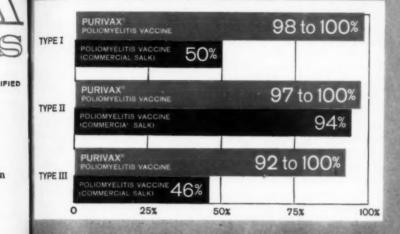
INCREASED PURITY

Antigen of monkey kidney origin is not detectable serologically—the possibility of allergic sensitization is thus minimized.

The high degree of purity of PURIVAX Poliomyelitis Vaccine makes possible the use of precise physical and chemical methods of standardization: each milliliter contains a uniform weight of inactivated-virus antigen.

inbolio immunization

After Only TWO Injections Percentage of Patients Showing Immunity to Each Type of Poliomyelitia Virus:



Dosage and Administration: It is recommended that three injections (intramuscular or subcutaneous) of 0.5 cc. each be given, with an interval of 4 to 6 weeks between the first and second injection. The third injection should be administered 7 months or more after the second injection.

The preferred procedure is to complete immunization before the season when poliomyelitis characteristically increases. However, the vaccine may be administered throughout the summer season. Special circumstances mch as exposure to the disease, tonsillectomy, or trauma are not considered contraindications.

Supplied: 2-cc. vials (4 doses).

Before prescribing or administering PURIVAX, the Mysician should consult the detailed information on use accompanying the package or available on request.

 Hilleman, M. R., Charney, J., Tytell, A. A., Weihl, C., Cornfeld, D., Ichter, J. T., Riley, H. D., Jr., and Huang, N.: Investigation into the development and clinical testing of a poliomyelitis vaccine containing standardized amounts of purified poliomyelitis virus antigens, 1960 Symposium on Polio Vaccines. Newark, New Jersey, April 20, 1960.

2. Hilleman, M. R., Charney, J., Tytell, A. A., Weihl, C., Cornfeld, D., Ichter, J. T., Riley, H. D., Jr., and Huang, N.: Progress in the Development of a Purified Poliomyelitis Vaccine, presented at the Fifth International Poliomyelitia Conference, Copenhagen, Denmark, July 27, 1960.



fault of the doctor himself for not taking a more active interest in those affairs at both county and state levels." I don't entirely agree.

I belong to two county society committees and one state society committee. I attend meetings regularly. Yet I've had no opportunity to pick, meet, talk to, or vote upon delegates from my state to the A.M.A. I've had no opportunity to express my views on measures like the recent levying of \$3,500,000 in additional A.M.A. dues.

The answer to this lack of communication lies in developing better ways for delegates to know and represent their constituents. Plebiscites, samplings, surveys, by-law changes—all these must be explored if the full strength of American medicine is to be tapped.

-George A. Rogers, M.D. Camden, N. J.

Who got hurt?

SIRS: Congratulations on your splendid, well-balanced article, "Paul Hawley: the Man Who Raised His Voice." My personal conclusion is that "Howling Hawley" has hurt not one evildoer. Instead, he and his backers have grievously injured, perhaps for years to come, the great majority of doctors who are doing a decent job.

-M.D., New York

Communism defined

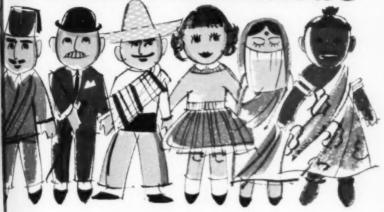
SIRS: You've rendered a great service by printing selections from Dr. Fred C. Schwarz's book on communism. The Communists' greatest weapon is our ignorance of their methods and objectives. Men like Dr. Schwarz help set us straight.—Carlos E. Fuste Jr., M.D. Alvin, Tex.

Assembly-line practice?

SIRS: "75 Office Visits a Day—and He Practices Good Medicine" left me with the impression that Dr. McGhee's preoccupation with "time" is not conducive to good medicine. How can he give full attention to the patient when part of his mind has to be on the clock? Anyone

aphylo

in omne le mundo



le evidentia favora

Furoxone^{*}

brand of furazolidone

pro le diarrheas bacterial'

allevia promptemente le symptomas e succede ubi alteres falle contra ecrescentemente prevalente racias refractori de Staphylococcus, Escherichia, simonella, e Shigella e bactericida plus tosto que bacteriostatic e effectos atral negligibile e non incoragia excessos del crescentia monilial o suphylococcal e non ha inducite significative resistentia bacterial

That world-wide evidence favors FUROXONE for bacterial diarrheas is quickly conveyed by this destinement in "Interlingua"—the international language which celebrates in 1961 the tenth mirerary of its introduction. Based on the languages of Western culture and comprehensible aght to most professionally trained scientists, Interlingua is designed primarily for written mirerary in the mirerary of the property of t

Resent, the greatest use of this tool of international communication is in medical literature.

Butly-four journals, including the J.A.M.A., regularly carry Interlingua summaries of original
sumbutions. Eight International Congresses have provided Interlingua summaries of pagers

Butleton Comprehension of Interlingua, turn the page.

IN LABORATORIES, Division of The Norwich Pharmacal Company, NORWICH, NEW YORK

24, 1961

sonal wling evilbackjured, e, the

great ections warz's Com-

is our

e Dr. raight. D.

Day-

Medi-

impres-

preoc-

not con-

e. How

n to the

is mind

Anyone

who can listen to a fishing story, discuss symptoms, make a diagnosis, and then prescribeall in a mere four or five minutes-is not a doctor but an automaton.

-Gunther D. Hirsch, M.D. Havre De Grace, Md.

Patients and X-ray

SIRS: I liked "What to Do About the Radiation Ruckus." As a radiologist, I've noticed lately that patients don't seem to be as afraid of X-rays as they were a year ago. Probably the decreased number of newspaper "scare" stories in recent months has helped in allaying such fears.

-John E. Kauth, M.D. Tulsa, Okla,

Investment guidance

SIRS: I find such articles as Raymond Trigger's "Stocks to Grow With" immensely helpful. Most of us find it difficult to arrange our lives so that we can both practice good medicine and provide for our families' economic welfare. I'm not yet in a position to hire my own financial adviser, so I depend heavily on the help I get from your investment articles. Please keep them coming.

-M.D., New York

. . . I read your first Raymond Trigger article three years ago and profited from his advice on twenty-two stocks to grow with. I'm delighted to see this one. My only complaint is that you don't publish him often enough.

-Robert L. Shostad, M.D. Pittsford, N. Y.

M.D.s or tax experts?

"How Doctors Handle SIRS: Tricky Tax Deductions" roused my ire. I say put things in their proper places. Doctor, be a doctor! Lawyer, be a lawyer! Accountant, be an accountant! It's fine to know something about other professions, but let's not has n try to be experts in areas where we're not trained. In brief: Doctor, get a good responsible tax adviser!

egligib

-Ralph M. Linsey, M.D. Garland, Tex.

In Egypt and England Mexico and Missouri India and South Africa



vidence favors roxone

for bacterial diarrheas'

swiftly relieves symptoms e succeeds where others fail against areasingly prevalent refractory strains of Staphylococcus, Escherichia, Selmonella and Shigella · bactericidal rather than bacteriostatic · side effects regligible • does not encourage monilial or staphylococcal overgrowth et's not has not induced significant bacterial resistance

where brewene Liquid: a pleasant orange-mint flavored suspension containing f : Docwoxone 50 mg. per 15 cc., with kaolin and pectin, bottles of 240 cc. ble tax rezone Tablets: 100 mg., scored, bottles of 20 and 100.

age: Adults, 100 mg. q.i.d.; children, 5 mg./Kg./day divided in four doses.

imational bibliography milable on request.

finan-

D.

Handle roused n their

a doc-

er! Ac-

nt! It's

about

24, 1961



* EATON LABORATORIES Division of The Norwich Pharmacal Company NORWICH, NEW YORK

Her hunges



42

"liquidated"...but her appetite survives!

Mealtime bunger reflects a physiological need quickly satisfied by food—liquid or solid.

But appetite represents a psychological need which is often the obese patient's biggest problem. Measures that satisfy hunger alone are not enough. Mealtimes rapidly become tedious on unnatural diets . . . and high calorie snacks, between-meal nibbling, and refrigerator raiding provide an appetizing consolation! When appetite survives, willpower soon vanishes.

You can help her satisfy her appetite as well as her hunger...and still be sure of

SUSTAINED WEIGHT CONTROL

by prescribing Biphetamine or Ionamin. A single capsule dose appeases appetite for 10-14 hours. Your patient enjoys normal food (in lesser quantities) while better eating habits and proper weight are gradually established and maintained.

She's "Sedentary"

IPHETAMINE'

BIPHETAMINE '20'

(25 mg) (7.5 mg)

Each capsule of each strength contains equal parts of d-amphetamine and dl-amphetamine at cation exchange resin complexes of sulfonated polystyrene.

If She's "Active"

IONAMIN'

OE' NIMANO!

IONAMIN'IS'

Each capsule of each strength contains phentermine as a cation exchange resin complex of sulfonated polystyrene.

gle Capsule Daily Dose 10 to 14 hours before retiring

STRASENBURGH

arlidin

increases
blood flow
to the brain
in the
"senility syndrome
associated
with
cerebrovascular
insufficience

Arlidie

the br

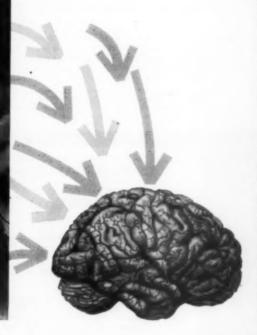
Inadequate cerebral blood flow — often due to cerebral arteriosclerosis — may result in the "senility syndrome" with its pattern of mental confusion, memory lapses, depression, fatigue, apathy and behavior problems. 1-3

43% increase in cerebral blood flow with Arlidin'

In patients with cerebrovascular insufficiency, Eisenberg⁴ measured a 43 percent increase in blood flow in the brain following administration of Arlidin orally for more than two weeks beginning with a dosage of 12 mg. t.i.d. and increasing to 18 mg. t.i.d. There was a decrease in cerebral vascular resistance in most instances.

Winsor and associates³ found Arlidin "of particular value clinically in relieving some of the symptoms of cerebral vascular insufficiency (vertigo, lightheadedness, mental confusion, diplopia)."

ate



Affidin is a unique and dynamic vasodilator which acts to increase circulation in

arlidin

Literature giving indications, dosage, precautions, etc. available on request.

Nurences: 1. Madow, L.: Penn. M. J. 62:861, June 1959. 2. Stieglitz, E. J.: Geriatric Medicine, et 2, Philadelphia, Saunders, 1949 p. 274. 3. Winsor, T., et al.: Amer. J. Med. Sciences 239:594, lbg 1960. 4. Eisenberg, S.: ibid, July 1960.

l.s. vitamin & pharmaceutical corporation

Mington-Funk Labs., division • 250 East 43rd Street, New York 17, N.Y.

osis nfusion, 1-3

red a

in (vertigo,

before *they* learn their letters... you can learn how well they see



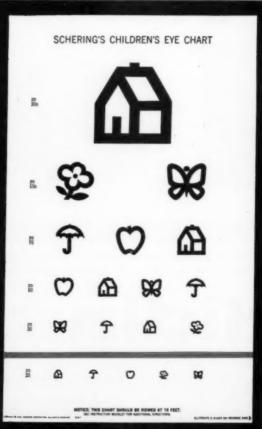
ti

This chart devised by Schering is part of a simple vision screening test for children over 3 years. Used with the special lens provided, it helps you detect impaired vision, including latent hyperopia (farsightedness), and thus facilitates screening of children in need of referral to an ophthalmologist. The complete kit—eye chart, special lens and instructions for use—is available without charge from your Schering representative or on written request.

Topical eye preparations: METIMYD[®] Ophthalmic Suspension (prednisolone acetate and sulfacetamids sodium) · Ointment with Neomycin; METRETON[®] Ophthalmic Suspension (prednisolone acetate and chippheniramine gluconate); Sodium Sulmanys[®] Ophthalmic Solution (sulfacetamids sodium), 30% and 10% · Ophthalmic Ointment, 10%.

SCHERING CORPORATION (Dept. J) · BLOOMFIELD, NEW JERSEY

JARUARY, 1988 5-720



How to make your collection letters pull better

One letter may be enough to collect overdue bills—
if it's timed right and appeals to the patient's self-interest

By John W. Johnson

en over

need of ions for request.

nd chlor-0% · Oph-JERSEY

I know doctors who send half-a-dozen different letters to a patient who hasn't paid his bill. And still the money doesn't come in. My experience has taught me that it's not quantity but quality that makes successful collection letters. Once you've mastered a few good techniques, one basic letter may be all you need. How good are the techniques you're using now? To find out, check these six points:

1. Do your collection letters 90 out at the best possible time? Probably you bill your patients on the first of every month. Those who don't pay should get a second statement at the beginning of the following month. If they still don't pay, the next step is to send a collection letter. Remember that time is on the side of the delinquent patient: The longer you delay collection, the more difficult it's going to be to collect.

2. Are your collection letters direct and to the point? I still see some doctors' letters that smother their point with the monkey-talk of "business English": "Regarding ours of the 7th instant expressing concern over your negligence in forwarding a remittance . . ." Your letters should say it the way you'd say it over the tele-

Author is executive secretary of the Association, Inc.

JAMES B. McBLANE, M.D. 1220 Jackson Avenue Eastline 3, Indiana

April 3, 1961

Mr. Francis F. Miller 18 Leland Place Eastline 1, Indiana

Dear Mr. Miller:

Your account, totaling \$50 for ten visits to this office last November and December, is now past due. It's not like you to let a bill go unpaid this long. Perhaps some unusual problem has prevented your meeting this obligation. If so, I do hope you'll talk things over with me.

I'd certainly dislike being forced to turn your account over to a collection agency and have your excellent credit rating thus impaired. If at all possible, will you mail your check this week? If you can't do this, please telephone me Thursday afternoon.

Yours truly.

bout Miffian

A good collection letter always sets a deadline for the patient to either pay his bill or explain why he can't.

phone: "Your bill is now past due . . ."

3. Are your collection letters specific about what the patient owes? They'll pull best if they specify the services charged for as well as the total amount owed. Members of the American Collectors Association esti-

mate that the typical debtor against whom they get claims owes money to between six and ten creditors. So your letters should leave no room for doubt about the bill you mean.

4. Do your collection letters stress the word "you"? They should. Thus: "It's not like you



...and other painful or disabling musculoskeletal conditions often respond rapidly to the "antidoloritic"* effects of DECAGESIC DECAGESIC helps restore normal function by relieving pain and discomfort, by its anti-inflammatory effect, and by imparting a sense of well-being. DECAGESIC combines the benefits of DECAGRON® (dexamethasone) and aspirin with aluminum hydroxide to provide increased effectiveness and to reduce the possibility of side effects.

Indications: Acute painful inflammatory musculoskeletal disorders, mild to moderate rheumatic and arthritic conditions, other collagen disorders and conditions in which the conjunctive administration of a corticosteroid and salicylate can be beneficial.

Dosage: 1 or 2 tablets 3 or 4 times daily. The usual precautions of corticosteroid therapy should be observed. Additional information on DECACESIC is available to physicians on request. Supplied: Botties of 100. Each tablet contains 0.25 mg. of DECADRON (dexamethasone), 500 mg. of aspirin and 75 mg. of aluminum hydroxide (present as the dried gel). DECACESIC and DECADRON are trademarks of Merck & Co., Inc. ""Antidoloritic" describes the relief of pain associated with inflammation.—dolor = pain, tite = associated with inflammation.



CONSERVATIVE MANAGEMENT FOR PROMPT SUPPRESSION OF INFLAMMATION AND FOR RELIEF OF ASSOCIATED PAIN

MERCK SHARP & DOHME Division of Merck & Co., Inc. West Point, Pa.

lebtor claims x and etters doubt

They ke you

1, 1961



in RE just Becar

Beca It is excre infect sensi bility MIDIC Suspe tions infect Adults tions, severi

Adults tions, severi tions, not ex longer adequation is

newbor mended tions si Leukopo should of 0.5 G

nd for c

in sulfa therapy... RELEASE YOUR PATIENT FROM Q.I.D. DOSAGE

just one tablet of Midicel provides continuous, effective blood levels for 24 hours

Because many patients need take only 1 tablet daily, therapy with MIDICEL is convenient and economical. It is also advantageous since the possibility of omitted doses is reduced. Rapidly absorbed and slowly excreted, MIDICEL assures dependable bacteriostatic action in urinary tract infections, certain respiratory infections, bacillary dysenteries, as well as surgical and soft-tissue infections caused by sulfonamide-sensitive organisms. And with MIDICEL, there is little likelihood of crystalluria because of its high solubility and low dosage.

MIDICEL (sulfamethoxypyridazine, Parke-Davis), 3-sulfanilamido-6-methoxypyridazine, Tablets of 0.5 Gm.; Suspension, each cc. containing 50 mg, of sulfamethoxypyridazine as the N'-acetyl derivative. Indications: Gram-negative and gram-positive infections such as urinary tract, respiratory, and soft-tissue infections and bacillary dysenteries. Dosage: Orally once a day until asymptomatic for 48 to 72 hours. Adults:-1 Gm. initially, followed by 0.5 Gm. daily thereafter or 1 Gm. every other day. In severe infections, not to exceed 2 Gm, the first day, then 0.5 to 1.5 Gm, daily according to weight of patient and severity of infection. Children: - 30 mg. per Kg. the first day, then 15 mg. per Kg. daily. In severe infections, up to 50 mg, per Kg, initially, then 25 mg, per Kg, daily, Total dose in children, however, should not exceed lower dosage limits for adults. Precautions: Continue daily doses higher than 0.5 Gm. no longer than three to five days without checking for blood levels above therapeutic range. Maintain adequate fluid intake during therapy and for 48 to 72 hours afterward. Until further definitive information is available, MIDICEL, in common with all sulfonamides, is contraindicated in the premature and newborn infant. Contraindicated in patients with a history of sulfa sensitivity. MIDICEL is not recommended for meningococcal infections. Side Effects: Anorexia and lassitude may occur as may reactions such as drug fever, rash, and headache, all of which are indications for discontinuing the drug. Leukopenia has been reported. Periodic blood counts are advised. Patients with impaired renal function should be followed closely since excessive accumulation may occur. Available: Quarter-scored tablets of 0.5 Gm., bottles of 24, 100, and 1,000,

Midice

(sulfamethoxypyridazine, Parke-Davis)

ad for children... Midicel Acetyl Suspension (N' acetyl sulfamethoxypyriazise, Parke-Davis) - delicious butterscotch flavor - only one dose a dav

PARKE-DAVIS

PARKE, BAYIS & COMPANY, Detroit 25, Michigen

to let your bill go unpaid for so long. Perhaps some unusual problem has prevented you . . ." This puts the emphasis where it belongs: on the patient's problems instead of on yours. In my observation, this approach pulls much better than the "we" approach—e.g., "We would like to close our books . . ."

5. Do your collection letters motivate the patient to pay? Some retail stores are now adding penalty charges to their overdue accounts. Physicians haven't yet—and probably never will—resort to this. But they do need to prod patients with a compelling motive for paying. One way to do it is to mention the bad credit rating that'll automatically result if their accounts have to be turned over to a collection agency.

6. Do your collection letters set a deadline? I suggest you end them something like this: "May I expect to receive your check this week? If you can't arrange for this, please telephone me by Thursday."

This reference to the telephone suggests the next step if the patient doesn't respond. Have your aide call him to ask why your bill hasn't been paid and whether she can help him work out a way to pay it. At this point, additional collection letters will make very little impression. And they won't be needed if your first ones measure up to the standards suggested here.

Your bills can be fun, he says—even for patients

Maybe you've never thought of your monthly statements a something your patients might look forward to. But they might if you appealed to their curiosity, says Dr. Burton L. Stekler of Glen Rock, N.J. He uses 4 stamp of a different commemorative issue on each month's mailing. Many of his pediatric patients have taken to collecting them. Many of their parents send their payments back to him in envelopes stamped with other special issues. As for Dr. Stekler, he gets his fun out of seeing so many people take up his own long-time hobby of stamp col-END lecting.

Butazolidin Geigy

arthritis and allied disorders



Ten years of world-wide experience... almost 2000 published reports... have progressively entrenched Butazolidin as the leading nonhormonal antiarthritic agent.

In virtually all forms of arthritic disorder, Butazolidin affords prompt symptomatic and objective improvement without development of tolerance ... without danger of hypercortisonism.

Butazolidin^a, brand of phenylbutazone, tablets of 100 mg.; Butazolidin^a alka capsules containing Butazolidin, 100 mg.; dried aluminum hydroxide gel, 100 mg.; magnesium trisilicate, 150 mg.; homatropine methylbromide, 1.25 mg.

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardaley, New York
BU 564

spond. to ask n paid lp him it. At

lection tle imn't be meas-

s sug-

ght of nts as might might curiosstekler

memoonth's liatric ecting

other Stek-

s own

END

1961

Short of funds for junior's college? Here's new help

If you took out an endowment policy for your child when he was just a tot, it'll probably pay for most of his college education. But suppose you didn't. Suppose he's approaching high school age—and you're approaching a financial crisis because you haven't got his college money set aside. Which way out?

Several new solutions are now

being offered by banks and is surance companies. Newer boon for late starters is Prude tial's insurance-plus-bank-loa combination. You can sign u for it if your child is now in the eighth, ninth, or tenth grad and if your age is between a and 54. Here's what might happen in a typical case:

¶ Suppose you wanted \$6,000 You'd pay Prudential \$51.90 month for seven years. You'get \$750 when your son entered

Pı

be

The

ahor

indu

or, in delay

alone

Miltr (pent

ackno

dependable defense against functional G.I. disturbance

hydrocholeretic

DECHOLIN

for therapeutic bile

increased volume of "...bile of relatively high water content and low viscosity."

Beckman, H.: Drugs: Their Nature, Action Use, Philadelphia, Saunders, 1958, p. 425.



.....



Protects the angina patient better than vasodilators alone

The coronary patient's anxiety about his condition can easily induce an anginal attack or, in myocardial infarction, can delay recovery.

This is why Miltrate gives better protection than vasodilators alone.

Miltrate contains PETN (pentaerythritol tetranitrate), acknowledged as basic therapy for long-acting vasodilation.

BURRENCES; S. Ellis, L. B. et al.: Circulation 17:945, May 1958, Alaminer, H. S.: Am. J. Cardiol. 1:996, Mar. 1958. S. Riemann, ILL: Ries England J. Ned. 26:11017, Nov. 12, 1959. 6. Runerk, H. S.: 46: Circulation 12:169, Aug. 1955. S. Runerk, H. I.: Am. J. Cardiol. 16:05, April 1959. 6. Terrary, A. R.: Delbavare M. J. 19:269. Oct. 1950. Utiliann. S. and Peiner, L.: Am. Fract. & Dignet Treat. 8:1075, Nov. 1950.

besind: Bottles of 50 tablets. Each tablet contains 200 mg.

baggs; I or 2 tablets q.i.d. before moels and at bodtime.

Miltrate also provides Miltown, a tranquilizer which, unlike phenobarbital, relieves tension without inducing daytime fogginess.

Thus, your patient's cardiac reserve is protected against his concern about his condition; his arteries are dilated to enhance myocardial blood supply—and he can carry on normal activities more effectively.

Miltrate Millour (managarda + PETN

WALLACE LABORATORIES / Cranbury, N. J.

ril 24, 196

p. 425.

ne of

ively

tent

ty.

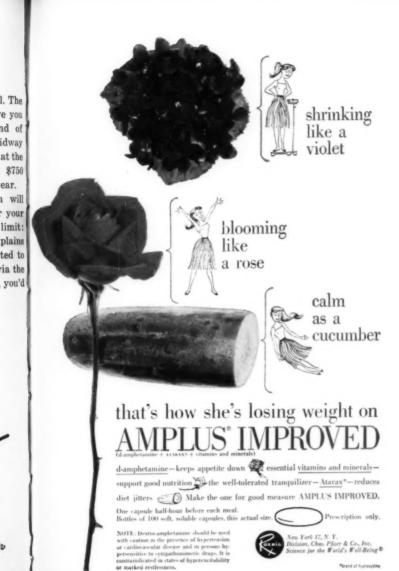
college, another \$750 in the middle of his freshman year, \$750 more at the beginning of sophomore year, another \$750 in the middle of sophomore year, and a final \$375 at the end of sophomore year. After that, you could take advantage of the policy's bank-loan provision. Any one of forty-five banks cooperating in the Prudential plan would be committed to give you a loan at prevailing interest rates if you turned over the in-

surance policy as collateral. The bank you chose would give you its own \$375 at the end of sophomore year, \$750 midway through junior year, \$750 at the end of junior year, and \$750 midway through senior year.

This combination plan will provide up to \$12,000 for your child's education (top limit: \$18,000 per family). Explains Prudential: "If you wanted to get a comparable payoff via the usual endowment policies, you'd



"A classic example of the man who has everything!"



24, 1961



how does Meliarii differ from other potent tranquilizan



Mellaril[®]

specific, effective tranquilizer



provides highly effective tranquilization, relieves anxiety, tension, nervousness,

but is virtually free of such toxic effects as jaundice Parkinsonism blood dyscrasia

dermatitis

is ic

greater specificity of tranquilizing action results in fewer side effects



The most striking aspect of thioridazine [MELLARIL] therapy is the poverty of side-effects."

is conclusion it may be said that thioridazine is at least as effective in relieving psychiatric illness as other drugs of its class. On a milligram for milligram basis it has the same order of potency as chlorpromazine. In is low incidence of side-effects and toxicity, it is superior to all other tranquilizing drugs tested. For this reason it is well tolerated by patients, particularly those who are not hospitalized and who frequently discontinue their medication with other drugs because of dizziness, sleepiness, increased transion, or Parkinsonism."

Story: MELLARIL Tablets, 10 mg., 25 mg., 100 mg.

38





ringworm of the body cleadly



" ... an almost uniformly effective antifungal antibiotic in superficial ringworm infections...."* Penetrates keratin from the inside . . . checks invading fungi until new, healthy skin tissue grows out. Often clears within 2 to 4 weeks, regardless of

previous duration or resistance ... promotes rapid relief of cleadly with Luvicin itching and prompt loss of hyperkeratosis. Very low toxicity in therapeutic doses . . .

> the occasional side effects reported (gastric discomfort, diarrhea and headache) are usually mild and self-limited.

Supplied: FULVICIN Tablets (scored), 500 mg., in bottles of 20 and 100; 250 mg., in bottles of 30, 100 and 500. For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, New Jersey. *Goldman, L., et al.: J.A.M.A. 172:532, 1960.

SCHERING CORPORATION . BLOOMFIELD, NEW JERSEY

have had to take out such insurance when your child was very small. Many parents didn't or couldn't afford to."

Such parents are also prime prospects for a variety of bank-loan plans. "Banks are formalizing educational loan plans so fast that we can't keep track of them," reports the American Bankers Association. You can borrow up to \$10,000 from such sources to cover four years' college bills. Generally speaking,

you have to start paying it back as soon as your child enters college. But the installments can be spread over as many as eight years. The two main requirements for such loans: (1) You must have a good credit rating; and (2) the school your son chooses must be accredited.

Interest rates on such loans usually range from 6 to 8 per cent a year, says Dr. Ernest V. Hollis of the U.S. Office of Education.

NOSE ອ THROAT

Nasal Suspension (3.78 mg./cc.) with hydrocortisone acetate (0.2 mg./cc.) and phenylephrine HCI (0.125%) PHARYNGETS® Troches, 15 mg.



ACHROMYCIN

Tetracycline Lederle

a standard in local antibiotic therapy

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.



gra

25

Dural Colon Change Chan

once every 7-14 days provides safer, sustained anabolic revitalization

anabolic steroid	anabolic /androgenic	duration
Testosterone propionate (i.m.); Fluoxymesterone (oral)		3-4 days 1 day
Methyltestosterone (oral)		1 day
Norethandrolone (oral)		1 day
Durabolin (i.m.)		7-10 days

Chart adapted from Craig, P.J.J., Oals, St. M.A. (June) 1960.

Green bar represents anabolic potency; gray bar shows relative androgenicity

Supplied: 5-cc. vials, 1-cc. ampuls (box of 3) 25 mg. nandrolone phenpropionate/cc.



Organon Inc., West Orange, N. J.

24, 1961

Lederle

it back ers colcan be e eight equire-1) You rating; ur son ed. h loans o 8 per nest V. of Edu-END

a spreading pattern of therapeutic success

A rewarding approach to the emotional and somatic manifestations of anxiety, agitation and tension, Librium therapy is now being utilized in many different areas of general practice. Approximately 3.5 million Librium-treated cases, as well as more than 70 published reports, offer testimony to this spreading pattern of therapeutic success. They corroborate observations, gained over a span of more than three years, that Librium is pharmacologically and clinically in a class by itself.

Librium has been found of value in alleviating anxiety and tension associated with:

emotional disturbances

- · Mild neurosis
- · Agitation · Neurastheni
- · Psychasthenia
- · Emotional instability
- · Post-traumave agitatio
- · Pre and postoperative apprehension
- · Irritability · Habit spasm or tic
- · Hypochondria
- · Hyperventilation syndrome

personality disorders

- · Alcoholism · Drug addiction
- · Psychopathic trait
- · Behavior problems in children

cardiovascular conditions

- Hypertension
- Angina Coronary thrombosis
- · Myocardial infarction · Tachycardia

gastrointestinal disorders

- Ulcer syndrom
- Functional C.I. distrace
- · Gastritis · Colitis
- · Pularnépaem · C l énacm
- · "Rowel problems
- Reactive anorexia · Aerophagia

gynecologic disorders

- · Premenstrusi tension
- Durmanarhas
- Menopaus

dermatologic disorders

- · Acne · Denmatitis
- · Fczema · Sehorrhea · Panular dch
- Dyshidrosis Pruritus Psoriasis

other medical disorders

- · Arthralouas · Arthritis
- Fatigability Allergy
- · Asthma · Impotence
- · Tension headache · Insomnia
- · Neuralgia · Migraine

psychiatric disorders

- Obsessive compulsive reactions
- Phobic reactions Hypomania
- ROCHE

Librium

THE SUCCESSOR TO THE TRANQUILIZERS

Consult literature and dosage information available on request,

Investment tip: Watch

They're spending more and more on cosmetics. Even recessions don't stop them. So consider stock in a cosmetics company—perhaps one of these

Have you noticed how a woman can grumble about paying \$5 at the prescription counter—and then gladly spend twice that at the cosmetics counter? Have you noticed how her concern with beauty is shared by virtually every other woman? If you have, you may well conclude that an investment in the cosmetics industry would be a smart move. Judging by past



tch the women By Niles N. Peebles

etics.

hese

er stock

v virtu-

If you

onclude

he cos-

be a

by past

performance and future promise, you're right. Cosmetics sales in 1959 reached a record \$1.7 billion, more than double the 1950 figure. And with an increasing portion of disposable income going for beauty products, the industry shows signs of maintaining a steady annual growth of 7 to 8 per cent.

Population growth accounts

for much of this. So does increased use of cosmetics by teens and sub-teens. Then, too, countless new products are tempting the ladies. New aerosol hair-spray fixatives, liquid cleansers, eye make-up, and hair rinses are booming in popularity. Tomorrow it will be something else. For in this hectic industry, today's best seller al-



12 major cosmetics companies

	Earnings per share1		1960	1960-61 pr	Recent	
Company	1959	1960	dividends	High	Low	price
Avon Products	\$1.50	\$1.84	\$0.90	105	51	104
Beauty Counselors	1.34	1.58	1.05	851/2	311/2	85
Chesebrough-Pond's	1.38	1.60^{2}	.88	641/2	$28\frac{1}{2}$	61
Coty, Inc.	.06	.18	0	153/4	101/4	14
Hazel Bishop	.04	$.12^{2.3}$	0	10	45/8	81/4
Helena Rubenstein	2.82	3.33	1.29	$67\frac{1}{2}$	$23\frac{3}{4}$	66
Helene Curtis	1.24	1.50°	$.62\frac{1}{2}$	$49\frac{1}{2}$	105/8	46
Lehn & Fink	3.94	4.36	2.00	$128\frac{1}{2}$	41	118
Max Factor	1.63	1.76	.804	53	21	51
Morton Mfg.	.93	.96	.36	$21\frac{1}{2}$	111/2	21
Nestle-LeMur	.665	.71°	.30	40	175/8	39
Revlon	4.19	4.35	2.00	$129\frac{1}{4}$	461/2	128

¹After adjustments for stock splits and dividends. ²Estimated. ³Six months. ⁴Plus stock. ⁵Nine months.

most invariably makes a backshelf item out of yesterday's. No wonder some leading cosmetics firms have posted sales and earnings records that leave many a highly rated electronics company far behind.

Take Revlon. In the ten years ending in 1959, sales increased 700 per cent to \$125 million. Profits rose nearly 1,000 per cent to \$10.8 million. And even though profit margins have been pared somewhat since then, Revlon still shows little sign of slowing down.

u

ar pe

ahe dur its

for sale the has Sign

olde

ing i

Revl

going

And

poter

toilet

is pu

Wate

Medic

Another star performer is Avon Products, leader in the house-to-house segment of the business. With 125,000 parttime saleswomen pushing doorbells in this country and Canada, Avon chalked up record sales of \$141.9 million in 1959, up from \$8 million in 1940. Profits rose 34 per cent during 1959 alone; final 1960 figures are expected to show another 25 per cent gain.

ecent

price

04

85

61

14

66

46

118

51

21

39

128

4Plus

0 per

d even

have

since

little

ner is

in the

of the

part-

81/4

Newer companies tabbed as comers are Beauty Counselors and Morton Manufacturing. The former's profits in 1959 were up nearly 75 per cent from 1956; now they're 25 per cent ahead of 1959. Morton lagged during 1957 and 1958, but profits were up handsomely in 1959.

Older companies have been doing even better. Max Factor, for instance, has been setting sales and earnings records for the last decade. Nestle-Le Mur has doubled profits since 1956. Significantly, too, many of the older companies are diversifying for added safety. Examples: Revlon and Nestle-Le Mur are going into proprietary drugs. And there's a big push into the potentially rich field of men's toiletries. Chesebrough-Pond's is pushing Seaforth and Black Watch toiletries for men. Max

Factor markets Crew Cut for close-cropped hair. Revlon has Top Brass. And so on.

The accompanying table lists twelve of the companies in this field that seem headed for continued prosperity. If they interest you, check further with your broker. But beware of smaller companies you may hear about. It's possible to go into the cosmetics business with as little as \$5,000 capital, and the mortality among such companies is high.

Fire and casualty stocks: bargains or booby traps?

Like to buy a dollar for 75 cents? That's what you may think you're getting if you buy fire or casualty insurance company stock. Shares of these companies are now priced at 25 and even 50 per cent below asset value.

Despite such big discounts, investors don't seem to be flocking to get these values. The reason? Profits have often been a problem for fire and casualty companies. Although returns on their investment portfolios

have been fairly good (averaging around 4 per cent), over-all earnings have been held down by low profits—or losses—on underwriting operations.

Why have underwriting profits been poor? Because claims tend to rise faster than premiums, which are fixed by state insurance commissions. Every three to five years, premium increases are permitted, and for a while the insurers' stocks look like bargains. But when rising claims costs start shaving underwriting profits, they begin to look more like booby traps.

So before you buy a fire or casualty stock, ask your broker for evidence that the company can maintain its profits in the face of rising claims costs. Without some such indication, you'd better steer clear.

'Heirloom' stocks: a good bet to bolster late-life income

If you're not yet 50, your interest in stocks is probably governed more by growth prospects than by dividends. But for the later years, the added revenue from solid dividend

producers may be welcome. That's the time you'll be tempted by stocks that haven't missed a dividend in years.

Are these stocks safe buys? Is a long and uninterrupted dividend history good assurance that a company will continue to pay off? According to stock experts at Merrill Lynch. Pierce. Fenner & Smith. Inc., there's a pretty good chance that it is. Merrill Lynch has surveyed 1,100 stocks that paid cash dividends annually for the twenty years preceding 1955. They found that 95 per cent of these stocks continued their perfect dividend records from 1955 to 1960.

h

te

re

Ji

Medi

Before you invest in a steady dividend-payer, better check the dollar amounts of its past dividends. Companies have been known to prolong an unbroken record by making a single token payment in poor years. But such companies are exceptions, and the past is still one of the best guides to future dividends. More than a thousand stocks have now hit the twenty-five year mark in unbroken dividend performance.

Your patients

Traveling medical form keeps you up-to-date on patients

ome.

mpt-

issed

uys?

pted

ssur-

con-

ng to

ynch,

Inc.,

hance has paid or the

1955. ent of

their

from

teady

ck the

divi-

been

roken token

. But

of the

dends.

stocks

ty-five diviWhen your patients are on vacation, some of them probably visit other doctors. Unless you know what the other doctors do, your records will be incomplete. There's an easy way for you to have the vacation-time or other temporary physician make a report, says Dr. John B. Umhau Jr. of Chevy Chase, Md. He's

Name:

developed the traveling medical record form shown here.

Before a patient who may need interim medical care leaves town, Dr. Umhau gives him a supply of these forms. Then the patient can ask each temporary physician to fill one out. He returns the completed forms to Dr. Umhau—who uses the information to complete the patient's record.

Medical record for traveling patients

Address:
Age: Date:
Complaint:
Present medication:
Physical findings:
Working diagnosis:

Medication, advice, or treatment given today:

Possible future treatment or studies:

Notes to next M.D.;

John B. Umhau Jr., M.D. 8805 Connecticut Ave. Chevy Chase 15, Md.

END

Now it's official:

Specialists outnumber G.P.s

And the trend shows no sign of stopping. Look for more patients to go straight to specialists and more specialists to serve as family physicians

By Pearl Barland

Doctors have long suspected that full-time specialists were becoming the majority of American physicians. Now there's official confirmation. The twenty-first edition of the American Medical Directory goes into circulation this month with listings for 251,643 physicians. And 56 per cent of the 186,595 physicians in active nonmilitary practice are fulltime specialists. Since 1949year of the last comparable check by the A.M.A.-the profession has seen a whopping 64 per cent increase in full-time specialists, a 38 per cent drop in part-time specialists, and a 6 per cent drop in G.P.s.

That 6 per cent decrease in G.P.s may not seem very large. But when coupled with the idea that everybody should have a family doctor, the decrease takes on special significance. In 1949 there was one G.P. for every 2.062 persons: today there's one for every 2,617. This means almost 600 more potential patients for every general practitioner in the country. And if the number of G.P.s. continues to drop as fast as it has in the last twelve years, the general practitioner of 1970 will be statistically responsible for 1.274 more patients than his 1949 counterpart.

ir

pl

H

G.P

Full-I

Can he handle that big a po-

tient-load-a total of 3,336 persons? He may never get the chance. Anticipating the pileup, patients and doctors may get around it as follows:

1. More patients will probably diagnose their own ailments and go directly to specialists.

2. More specialists-notably internists and pediatricianswill probably serve as family physicians in the future.

Meanwhile, what's happening with the individual specialties? The table on pages 74-75 shows how fast each specialty has grown. These latest A.M.A. figures reveal many interesting developments, but the following five are worth special mention:

Internal medicine still holds its place as the specialty with the largest number of practitioners. General surgery remains the second largest special-

How private practice has changed

G.P.s Part-time specialists **Full-time specialists**

Source: American Medical Association.

73

ease in large. he idea have a crease nce. In P. for

today 2,617. 0 more ery gene counof G.P.s st as it ars, the

970 will ible for han his

ig a pa-

ty. But it's growing more slowly than nearly all the subspecialties. And the number of "general internists" is increasing faster than any of the subspecialties except cardiology. ¶ Fastest-growing specialties in the twelve years were neurology, with a 578 per cent increase; psychiatry, 328 per cent; anesthesiology, 297 per cent; neurological surgery, 241

cl

Ob

Oth

How fast are the specialties growing?

In a dozen years, the number of full-time specialists in the United States has increased by more than 40,000—an over-all growth of about 64 per cent. Some specialties have grown at a much faster rate; a few have decreased. The comparisons below, based on latest figures from the American Medical Association, show what's happened to each specialty.

Full-time	specialists	Number of	% change	
		1949	1960	
Interna	I medicine			
	Internists	11,588	24,685	+113%
	Allergists	392	616	+ 57
	Cardiologists	309	794	+157
	Gastroenterologists	201	338	+ 68
	Pulmonary specialists	1,053	962	- 9
Surgery	,			
	General surgeons	9,931	19,394	+ 95
	Neurological surgeons	363	1,237	+241
	Orthopedic surgeons	2,085	4,793	+136
	Plastic surgeons	259	670	+159
	Proctologists	574	647	+ 13
7	Thoracic surgeons		797	
	Urologists	2,193	3,644	+ 66

per cent; and pathology, 193 per cent.

cialties

e neu-

ent in-

28 per

97 per

ry, 241

States 64 per w have om the ecialty.

% change

+113% +57 +157 +68 -9

+ 95 +241 +136 +159 + 13 ---+ 66 ¶ Polyspecialism now seems to be on the decline. Thus, there are more neurologists and psychiatrists today—but 30 per cent fewer neuropsychiatrists than there were twelve years ago. There are more ENT men and ophthalmologists, but fewer EENT men.

The proportion of certified

Full-time specialists	Number of	% change	
	1949	1960	
O.A.L.R.			
Ophthalmologists	2,756	5,154	+ 87%
ENT men	2,170	2,979	+ 37
EENT men	4,298	2,865	— 33
Obstetrics/gynecology			
Gynecologists	467	481	+ 3
Obstetricians	454	362	_ 20
Obstetrician-gynecologists	4,153	10,669	+157
Neurology/psychiatry			
Neurologists	102	692	+578
Neuropsychiatrists	2,408	1,681	- 30
Psychiatrists	2,210	9,457	+328
Pathology			
Clinical pathologists	275	191	- 31
Pathologists	1,387	4,061	+193
Other specialties			
Anesthesiologists	1,231	4,881	+297
Dermatologists	1,609	2,566	+ 59
Hospital administrators	273	232	- 15
Industrial physicians	947	2,618	+166
Pediatricians	4,315	10,008	+132
Physiatrists	234	494	+111
Public health practitioners	1,567	1,864	+119
Radiologists/roentgenologists	2,866	6,289	+119

specialists has risen to 70 per cent of all full-time specialists. It was 53 per cent in 1949.

¶ The A.M.A. now designates one form of general practice as a specialty: G.P.s who "keep up" are listed as specialists in "family practice."

Where today's new doctors are headed

General practice

According to a study conducted by Charles F. Schumacher for the Association of American Medical Colleges, this is what the 1960 medical graduates are planning for the future.

Specialty practice*41
Specialty practice
combined with teaching
and research*36
*Specialty breakdown
Internal medicine 28%
Surgery19
Psychiatry11
Pediatrics 8
OB/gyn 7
Other

Teaching and research 3

END

.20%

G.P.s as family doctors? Not for most medical families

fil

fe

di

DO

fo

fo

th

tra

wl

ab

So

ha

fac

.

the

CB3

ren

wit

ally

tail

nee

con

hea

shou

shov

ami

diac

amo

(in

steps

You've often heard it predicted that tomorrow's family doctor will be a board-certified internist. For medical families, this is true today, a new study indicates. Dr. Milton C. Maloney, Dr. Ray E. Trussell, and Sociologist Jack Elinson surveyed 468 New Jersey practitioners. Among the findings they've reported to the American Public Health Association:

Fully 90 per cent thought "everyone" should have a personal physician. But only 40 per cent of the surveyed men reported actually having one.

¶ The doctor's family doctor is usually a close personal friend. Some 65 per cent of those who have one say they entertain each other in their homes.

Only 9 per cent of the personal physicians named by respondents are G.P.s. About 73 per cent are internists, and 14 per cent are general surgeons. Even when general practitioners set out to pick a family doctor for themselves, they pick a general practitioner only one time in five.

Your records

How to speed your handling of Federal disability reports

s? Not

edicted

doctor

intern-

s, this

y indi-

loney.

Sociol-

red 468

oners.

've re-

Public

hought

a per-

40 per

en re-

doctor

rsonal

f those

tertain

he per-

by re-

out 73

and 14

rgeons.

ctition-

ily doc-

pick a

ly one

END

S.

one.

ies

You're probably being asked to fill out more Social Security forms for patients seeking total disability benefits, now that it's possible to get such benefits before age 50. To make it easier for you to draw up such reports, the Social Security Administration offers these pointers:

- ► You're not asked to decide whether your patient is "disabled" under the terms of the Social Security law. All you have to do is give the medical facts.
- Your report should enable the physician who reviews the case to evaluate the patient's remaining capacity for work without examining him personally. This may call for more detailed data than you yourself needed to diagnose or treat his condition. Your report on a heart patient, for example, should include cardiac size (as shown by X-ray or clinical examination), ECG findings, cardiac edema if present, the amount of dyspnea or angina in terms of the number of steps the patient can mount or

the distance he can walk), the extent of renal involvement, response to therapy, etc.

- ▶ You need not use the form the Social Security district office gives your patient. A narrative summary on your own stationery is acceptable. So is a hospital form, or a photocopy of pertinent records. But the Government form is a good guide to the facts needed.
- ► Mail your completed report direct to the patient's Social Security district office. Don't give it to the patient.

For more on these tips, you can order "The Patient Asks for a Medical Report" for 5 cents from: Supt. of Documents, U.S. Govt. Printing Office, Washington 25, D.C.



What centralized billing

Should you turn all your billing over to an agency? Answers to six questions will help you decide

By A. Robert Ferguson

Centralized billing agencies are making a big new effort to appeal to doctors. One national firm recently added seventy new local agents who are going all-out to capture the physician's billing business. If you haven't been approached by one of these services, you soon may be.

How does centralized billing operate? Has it paid off for the doctors who have already signed up? To shed light on these questions, MEDICAL ECONOMICS has checked with the billing services themselves, with doctor-subscribers, and with doctors' advisers on such matters. The fol-

ir

fo

m

fo

en

co

ch

rea

car

tri

	10000			
AMES F. CAVANAUGH	. M. D.		23	19
JAMES F. CAVANAUS	M. D.			
JOHN D. KIEL	SHTER		and the same of th	
AMD PROPERTY	IE MANE			-
IN MARYLA		ERVICE	guradeut?	
PLAINVIEW, MARY	E S S I O N A L S	ERVI	13 OSSICE AIGH.	-
TELEPHONE	7 DESERVED ON CART	1	MORAGE ON	-
The second secon			EMERGENCY HOUSE	1
t perica visit	& mines puncent		18 OR HOSPITAL COLL	T
R PHYSICAL STAMINATION	9. GURGERY	-	16. 2.847	-
	6.000	1		
	10 DESTETRIC CARE		17. 4 1.5.	7
4. DRUGE & HESICATION	11. DETHOPSDICS	-	10. LABORATORY	-
	LPPM D OTHER	mes	management pr	M.
S. INJOCTIONS	18. SPOCIAL PROCESS	wes	104. 8410	
8. HERMITATION	WTF			
M ·	-	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN		-
九泉长 节			-	OUNT
PC				
		O.C.	OTHER S	IMPUBLISHE
	- C 000 C C C.P.	0.	-	-
- D D	me [] eman [] mgs	HARRS		THE BUY
C ass C season	sec C estan C	PATHONI DEC	BIVED .	-
est () sorr L				
MEST APPOINT	Test Past			

ing offers you

ncy?

billing

for the

signed

e ques-

ics has

ervices

or-sub-

ors' ad-

The fol-

de

lowing report should help you decide whether centralized billing is for you.

First, let's see how it works:

Your aide keeps a day sheet listing charges and payments for all the patients you see. She may also make out charge slips for individual patients. At the end of each day, she sends a copy of the day sheet (or the charge slips) to a central bureau that maintains your ledger cards. The bureau posts the entries on the proper cards and

sends out monthly statements—usually on your own billheads.

As a rule, the patients' payments come to your office. Your aide makes out receipts for them and sends a copy of each receipt to the central bureau. The bureau records all such payments and, once a month, gives you a summary of your accounts receivable. It may also tabulate your total earnings, figure your collection percentage, and follow up delinquent accounts.

Of course, the procedure var-



If you use a central billing service, your aide simply fills out a form (left) for each patient you see. Then, at the agency, a clerk (right) transfers the data to punched cards. These turn out your monthly statements.

ies with individual agencies. A few firms actually collect the money in addition to doing the billing. Others do only billing. And costs also vary. An agency may charge about 30 cents per statement; or it may take 5 per cent of your collections; or it may have a flat rate of \$50 a month plus so much per statement; or it may charge a monthly 5 per cent for the first \$1,000 collected and 4 per cent for the rest.

Sound too costly? It might actually save you money. Probably around 10 per cent of your overhead goes to pay for the billing process, assuming your aide handles it. So don't rule out centralized billing on its cost alone.

Besides potential savings, the system offers at least four other plus factors:

+ It insures prompt and systematic billing and it gives your aide more time to do other important chores.

"Most doctors are sold on the importance of getting their bills out on time," says Joseph F. McElligott, a management consultant in New York City. "And still their bills may go out late

because their aides can't concentrate on the job. In such instances, centralized billing may be the answer."

It's often the answer when a doctor is on the verge of employing an extra girl. He may find it possible to get along without her by using a billing service. In such an event, the service can pay off handsomely.

+ It reduces your job of supervision.

Judging by present salary scales, the time of an office worker who does bookkeeping or billing is worth \$1.50 to \$2 an hour. Your own time is probably worth six or seven times that amount. Do you waste valuable hours every month checking up on routine billing details? If so, you're wasting money. As Management Consultant Marshall D. Brainard of Jacksonville, Fla., puts it: "The doctor should delegate every office responsibility he can. The more time he can devote to the practice of medicine, the better off he'll be financially."

+ It enables you to take advantage of the latest billing techniques.

You

mo

tell.

or 1

Med

The most modern billing ma-

AGED TRIAL BALANCE REMARKS TOT BALANCE COLUMN TO OVER 60 OVER 30 CUBRENT 500 1250 1000 1250 30,00 800 STATEMENT 2000 John D. Kiely, M. D. Hyland Professional Center 2.50 22 Fairgrove Avenue 1.75 Plainview, Maryland 3/0 1/2 5,00

You can get far more from most centralized billing firms than a monthly statement service. The top tabulation above, for instance, tells you at a glance whether a given account is over thirty, sixty, or ninety days old, plus the totals owed for those periods.

Medical Economics, April 24, 1961

81

he can. vote to he bet-

conceninstanmay be

r when

of em-He may ng withng serv-

service

of 811-

salary

e workor billn hour. y worth

mount. hours on rouyou're

gement Brainputs it:

ate ev-

ike adbilling

ng ma-

Where to find a billing service

Centralized billing services are available in nearly all the larger cities. But you don't need to live in a big city to sign up. Many small-town M.D.s have their billing done by firms a hundred miles or more from where they practice. You can get the address of the pearest service in your own area by writing to one of these organizations:

Medical-Dental-Hospital Bureaus of America, Inc. 510 N. Dearborn St., Chicago 10, Ill.

The Service Bureau Corp. (a subsidiary of IBM) 425 Park Ave., New York 22, N.Y.

Society of Professional Business Consultants 67 East Madison St., Chicago 3, Ill.

chines cost more than many a solo practitioner feels he can afford. But the agencies can afford such machines. Thus they can turn out itemized bills faster and with fewer errors than you could expect from your aide.

+ It provides you with continuity of bookkeeping, even when you change aides.

With centralized billing, you don't have to wait weeks while a new girl masters your bookkeeping routine. All she has to learn is how to fill out a day sheet, a charge slip, and a receipt. 10

re

of

th

21

mi

an

you

Sa

Fr

ant

and

cy,

jus

the

able

N

in y

ble t

abou

chec

busi

men

"The

card

says

Cinc

Medi

"You'd be amazed at how badly a substitute can foul up a doctor's books just in the short time his aide's on vacation," reports Management Consultant Geoffrey Marks of Spokane, Wash. "I've been called in to unravel many such mix-ups."

So much for the plus side. Now, what about the minuses? Here are some you'd better take into account:

- You can't effectively use

centralized billing for patients with insurance coverage.

When you fill out a Blue Shield report form, for example, it often serves as your bill, since the plan pays you directly. Such a form—and many others, too—must be completed in your office and carry your signature. So a central billing agency can't help you there.

e

r

d a re-

w bad-

o a doc-

rt time

reports

Geof-

Wash.

unravel

s side.

er take

ely use

In fact, it can even hurt you. Says Richard V. Bibbero, a San Francisco management consultant: "When a doctor bills insurance patients through an agency, it serves only to delay his collections."

- If you want to check or adjust an account, you must phone the agency. This can waste valuable time.

When your ledger cards aren't in your office, it's often impossible to answer patients' questions about your charges without first checking with the bureau. This alone causes some professional business consultants to recommend against central billing. "The place for a patient's ledger card is in the doctor's office," says Clayton L. Scroggins of Cincinnati. "That's where I'd

advise you to keep them. If you need extra personnel to type statements, hire it and bring it to your office. Don't farm out the work to a central billing firm."

 Centralized billing may be bad for patient-relations.

Some people don't react well if their doctor bills resemble those from a department store. And you can't always control such things if your billing is done outside your office. Nelson J. Young, a business adviser to doctors in Detroit, points out: "Now more than ever before, the public is sensitive about doctor bills. It's mainly for this reason that I advise my clients to keep their accounts receivable in their own offices, under direct observation and control. It's the doctor's goodwill that's at stake."

 Some billing services lack experience in handling medical accounts.

One group of business advisers has conducted a national survey of billing services. "It's startlingly clear that too few fully competent men are in this business," says a spokesman for the survey group. "Many of these services have sprung up over-

night and have attracted people who aren't acquainted with the doctor's special billing needs,"

In some cases, central billing services have folded up and left doctors holding the bag. One such agency was offering an IBM billing service. When the agency ran into financial trouble, IBM pulled its machinery out. "The agency's doctorclients were left high and dry," reports a local business adviser. "They had to scamper to find girls to do their billing."

Do these minuses mean you should stay away from centralized billing? Not necessarily. They do suggest that you'd better be careful before you contract for such a service. Here's a six-point test to help you determine whether the pluses outweigh the minuses in your case:

1. Is your aide a nurse who has little background or training in bookkeeping?

If so, you might do well to turn the bookkeeping over to an agency. In a growing practice especially, a nurse may have all she can do just helping the doctor with his patients.

2. Do you see patients only in

the hospital and employ an aide only part-time?

let

WO

siz

Th

ey.

tra

rea

lec

you

pre

tio

rea

S

In

wi

th

an

int

pin

pa

the

ter

par

For

\$25

Medi

If, for example, you're a hospital staff specialist in anesthesiology, radiology, or pathology, centralized billing may be madeto-order for you. Since your patient-relations are usually less personal, there's less chance of the patient's being offended.

3. Do you practice very near a centralized billing service?

Many medical buildings now house such a service. The doctor-tenant can send over his account cards for billing and have them returned in a couple of hours. Under those conditions or anything similar, central billing makes the most sense.

4. If you used centralized billing, could your aide make good use of the time she'd save?

In many a busy office, the answer is a resounding yes. In others, centralized billing might simply give the aide more time to polish her nails and comb her hair. Unless you've got other chores lined up for her, don't farm the billing chore out.

5. Can you delegate work without worrying about it?

Many a doctor who tries a bill-

ing service finds he doesn't like letting someone else do his paper work. He sticks to the system for six months or so, then drops it. That's a waste of time and money. Before you sign up for centralized billing, be sure you're ready to give it a year's try.

in aide

a hos-

nesthe-

hology,

made-

our pa-

ly less

ince of

y near

gs now

he doc-

his acad have aple of tions or billing

zed bill-

ce good

the an-

yes. In

g might

re time

mb her

t other

r, don't

out. e work

it?

es a bill-

?

ded.

ice?

6. Do you have a lagging collection ratio at present? And do you doubt the efficiency of your present system?

If the answer to both questions is no, there may be little reason for you to make a change. Don't bank on centralized billing to boost your collection percentage if it's 90 per cent or more.

If you do decide to sign up, be sure to do some checking first. Look into the financial rating of the billing firm you're considering. Find out, too, whether it has substantial experience in handling medical accounts. Ask if it will post a surety bond, especially if it does the collecting. It'll be handling your money, and lots of it. Don't be in any rush to risk it.

Surrender of a bad guy

Into our pediatric office strode a 4-year-old bad man, complete with rolling gait, two guns, and chaps. He left no doubt that he was rough and tough, and wasn't taking orders from anyone. There was quite a commotion as we tried to edge him into the examining room, until he spied the nurse's graduate pin. He stopped and asked: "Are you a lawman?" "I sure am, pardner," the nurse replied. "This badge was given to me by the sheriff of Cochise, and we don't want any trouble in this territory. Now, hand over your guns, your shirt, and your pants." We had no further trouble. —R. W. Penick, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$15 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

'Stand up and be counted

Self-employed doctors are asking for a poll to settle the fight that's dividing American medicine. Here are some final feelings and figures on both sides

In the Dec. 19, 1960, issue of this magazine, Dr. Harold W. Thomas spoke up on "Social Security for Doctors? Yes. Yes, Yes!" In the Jan. 2, 1961, issue, Dr. Ezra A. Wolff countered with "Social Security for Doctors? No. No. No!" The articles touched off a fusillade of letters to the editor, equally divided between pros and He' cons. These excerpts have been heavily condensed to allow the greatest possible number of cor respondents to have their say.

cur

doe

tea pic wip

lick

join

birt

tage

peri

"clie

WOD

mad

to a

From Dr. Harry A. Tubbs Post, Tex.: Dr. Thomas' wai that he hasn't had a chance to vote for compulsory Social Se ficie



nteen Social Security!'

settle re are

ros an ave beer llow th eir say.

. Tubbs nas' wa hance !

curity for self-employed M.D.s doesn't move me to sympathetic tears. Face to face, I'd probably pick him up, change his pants, wipe his nose, and dry his eyes. He's already decided that he's licked and that he might as well join. But he wants to sell my er of cor birthright for his mess of pottage. I know from personal experience just what kind of "clique" (to use Dr. Thomas' word) runs the A.A.G.P. It's made up of people who are sufocial Se ficiently interested in its work to attend the meetings-and cast a vote on issues they feel strongly about.

> From Dr. Edwin C. Bebb, Wichita Falls, Tex.: Doesn't Dr. Thomas know that there's no such thing as a "free lunch?" Someone has to pay. Under Social Security, one pays in either much more or much less than one receives. To a responsible member of our societr. both alternatives are unac-

ceptable. The great majority of doctors would never receive a penny in Social Security benefits. Even if this weren't the case, why should we hanker after a dubious dole paid in our own money from a fast-bankrupting system? By stemming the rising tide of taxation, we could provide for ourselves easily. We doctors should expose Social Security for what it is. We should aid the A.M.A. in its fight against our inclusion. Social Security for doctors? Never!

From Dr. William P. Grise, Richmond, Ky.: If Dr. Thomas wants to salve his conscience. I suggest he just reduce his fees. But I hope he sees the unfairness of forcing into Social Security those physicians who, like me, don't want to "join 'em" under any circumstances.

From Dr. Wayne G. Ericksen. Portland, Ore.: Many physicians who take salaried jobs pay full Social Security taxes for years, only to eventually lose the right to benefits when they graduate to self-employment. Where's the sense in that?

From Dr. F. E. Hall, Colum-

bus, Ohio: A secret ballot is the only way. If it shows that the majority favors Social Security. the A.M.A. should go to Washington and ask for it.

W

m

\$2

ow

P

ne

er

Ca

clusi ten

curit

Med been than posec Dr. P. Van N

Medie

From Dr. John Terry Smith. Beaumont, Tex.: If Congress permits voluntary coverage, I



California: Yes

"A grass-roots movement to "Ex bring about Social Security for von doctors is overdue. My county lical medical society voted over- the whelmingly for it, but at the clus state convention our delegates selve voted against the question's be- tem ing submitted to the state mem- doct bership."

Dr. Donald C. Fowler Mill Valley, Calif.

t is the won't object. But I feel that most of us would rather give ecurity, Wash-own choosing.

* * *

From Dr. Paul Meshberg, Philadelphia, Pa.: The opponents of Social Security consider it unethical for elderly physicians to join because the benefits they'd receive would exceed the money they paid in. This argument is based on the premise that Social Security is a charity. It isn't. It's an insurance based on averages: The young pay for the old, the healthy pay for the sick, the

California: No

Smith.

ngress

rage, 1

nent to "Ever since Bismarck, those farity for voring the socialization of medcounty ical practice have realized that it overat the first prerequisite is the inat the clusion of physicians themelegates selves in a social security syson's betem. This is why thinking the memdoctors oppose compulsory inclusion. In 1958 three out of ten doctors opposed Social Security. The Los Angeles County
Medical Association has just been polled, and slightly more than five out of ten were opposed. A trend, perhaps?"

Dr. Paul R. Kempf Jr. Van Nuys, Calif.



living pay for the dead. Everyone gains because some day the young will get old, the healthy will get sick, the living will die.

From Dr. William Frankman, Wollaston, Mass.: Hats off to Dr. Thomas! I ask every one of my colleagues who doesn't earn \$50,000 or \$100,000 a year to voice his honest opinion for the sake of his family. As an American, I want to be treated like other Americans.

81

ci

ne

ad

ti

ve

di

ta

go

Fle

"T

bot

pa

fat

wil

rit

Dr. Min

From Dr. Mark L. Herman, Adams, N.Y.: Dr. Thomas is for Social Security (a tax pure



Florida: No

"Dr. Thomas says the most anyone can pay is \$216 a year. True today but not tomorrow. Look at the history of Social Security. In the near future it could easily go up to 10 per cent of the first \$10,000 earned. The Government is running out of large groups to bring in, and the percentage of the population over 65 is going up. Either the system will crash, or Congress must raise the ante. We ought to be working to abolish the whole thing."

Dr. Alfred E. Ogden Coral Gables, Fla. and simple) but against socialized medicine. This makes no sense. He laughs at "overadrenalized" doctors who take time to fight for his freedom, yet he takes time to write a diatribe against the last libertarian stand for constitutional government in this country—a

fight staged by his own profession. If socialized medicine came in, he'd quit his practice, he says. What for? To become a commissar in Washington?

* * *

From Dr. Charles E. Krause, Caldwell, Idaho: I resent deeply the falsehood offered to the

Florida: Yes

\$100,-

nonest

fam-

ant to

icans.

rman.

nas is

c pure

most

a year.

orrow.

ture it

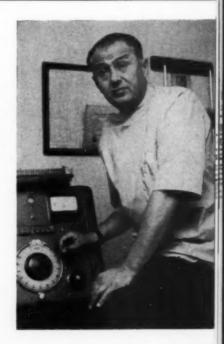
10 per

earned. ing out

in, and
ulation
her the
mgress
cought
ish the

"The A.M.A. and the A.A.G.P. both assume the attitude of paternalistic aristocracy — father knows best. But doctors will eventually get Social Security in spite of them."

Dr. Saul H. Kaplan Miami Beach, Fla.



...Your retirement

American people that Social Security is a form of insurance. It's a way of passing on present liability to future generations.

From Dr. Leo A. Smith, Topeka, Kan.: Social Security has been aptly named "the floor over the pit of disaster." Dr. Thomas' article will be approved by the great majority of our profession.

From Dr. Joseph P. Trotzig, Akron, Iowa: I started to read "Social Security for Doctors? Yes, Yes, Yes!" expecting an



Missouri: Yes

"The A.M.A. is always saying what it's going to do for old people. In fifty years they've done nothing for old doctors. Social Security would be a nice present for many of them. What right has the A.M.A. to deny this security to doctors, their wives, or widows? One of the best surgeons in the South, now retired, lives in a near-by town. I've seen his wife's ads in the newspaper. The ads say: 'Lace Curtains to Wash?'"

Dr. Alma Lillian Arendale Barnhardt, Mo. in

a

el

pe

Ka

amusing satire. I found that, by golly, Dr. Thomas meant it. I hope the A.M.A. and A.A.G.P. can convince Congress that most physicians neither need nor want Social Security.

. . .

From Dr. Wayne L. Agey, Youngstown, Ohio: All my insurance-agent friends deplore the fact that M.D.s aren't covered by Social Security.

From Dr. Robert Johnson Needles, St. Petersburg, Fla.: Dr. Thomas flew high, was wide of the facts, and came handsomely unbuttoned. He

Missouri: No

Dr.

ap-

ty of

otzig.

read

tors?

g an

aying or old

hey've

a nice

them.

octors,
One of
South,
ear-by
ads in
s say:

"Dr. Thomas is obviously willing to let his children and grandchildren (and everyone else's) support him without expense to himself."

Dr. Dale C. Smith Kansas City, Mo.



Medical Economics, April 24, 1961

93

Referendum on Social Security?

One overpowering conclusion rises out of the accompanying comments: The debate over Social Security for self-employed M.D.s needs to be brought to a head. The debate is dividing the profession, sapping its political strength, turning A.M.A. members against the A.M.A.

What can be done about it?

A profession-wide referendum has been suggested. This makes sense to us. It does not seem possible to settle the Social Security question on any other basis than majority rule. And right now no one knows for sure what the majority wants.

It would be easy to find out. It would be easy for the A.M.A. House of Delegates to authorize a poll, then to act on the basis of the results. The only objection we've heard is that this would "usurp the duties and prerogatives" of the delegates. We doubt if many delegates consider it their duty and prerogative to pay no attention to what constituents want.

Should the poll be among A.M.A. members only? We'd say yes;

wants to lead his crowd to Washington, asking the entire profession to follow. I'm not willing to have other physicians vote to place me in such a procession. I didn't go to medical school to become a number in a Social Security card index.

From Dr. Louise P. Brown, Santa Barbara, Calif.: I'm over retirement age, and if I became unable to earn, I'd be dependent on my children. The idea is repulsive to me. I've earned the right to participate in Social Security. I weathered the Depression and all the recessions and sent my children to college in hard times. I had coverage for a time, but I need two more quarters to qualify for benefits.

se

be

off

cal

pre

ing

"If

Med

the A.M.A. can't properly speak for anyone else. Should it ask whether they favor voluntary coverage under Social Security? We'd say no; the hard choice must be made between compulsory coverage and none. This was the lesson learned by the American Bar Association when it faced a similar problem. It polled its members, found that they favored voluntary coverage, then found that Congress wouldn't offer this option. So the A.B.A. narrowed the choice and polled its members again. This time they voted for compulsory coverage—and the A.B.A. dutifully helped them get it.

Would self-employed M.D.s vote the same way? They'd be less inclined to than the lawyers were. The lawyers could decide the question solely on the basis of economics (taxes vs. benefits). The doctors must also take into account the political risk of voting to join a system they're trying to keep their practices out from under. Thus, for the medical profession, the decision is doubly difficult—and the method of arriving at it doubly important.

The American way is to tally the ayes and the noes. We hope the American Medical Association will act accordingly.

-The Editors

I can't get them because I'm self-employed—and too old to be employed again. If I quit the A.M.A. in protest, I'll be struck off my hospital staff lists. Why can't I and others like me express our wishes?

g com-

M.D.s

fession,

against

makes

ecurity

now no

A.M.A.

basis of

would

doubt if

pay no

ay yes;

became

pendent

a is re-

ned the

Social

the De-

cessions

college

coverage

wo more

benefits.

From Dr. A. G. Blazey, Washington, Ind.: Dr. Thomas says, "If you can't lick 'em, join

'em." If our forebears had been tricked by that shibboleth, this nation would not exist today. Any student of history can see that whenever individuals have relinquished their personal obligations to be taken care of by others, they have been reduced to vassalage.

From Dr. Woodrow E.

Medical Economics, April 24, 1961



WHAT'S NEW AND SPECIFIC FOR INTERMITTENT CLAUDICATION

INCREASES AND MAINTAINS BLOOD FLOW FOR 10-12 HOURS

STRIKING RELIEF OF PAIN Roniacol Timespan eases the pain and markedly increases activity range in infermittent claudication. Action: specific dilation of peripheral vessels. Result: Roniacol increases blood flow to ischemic extremities. 4 Improved circulation also helps reduce the danger of gangrene5-7—a common complication of obliterative vascular disease.

MORNING DOSE EFFECTIVE ALL DAY New, sustained-release Roniacol Timespan brings convenience and continuity in the treatment of intermittent claudication—precludes forgotten midday doses, and permits daylong or nightlong symptomatic relief with one dose in the morning, another at night.

NO CONTRAINDICATIONS—NEGLIGIBLE SIDE EFFECTS Unlike sympathetic blocking agents, Roniacol is selective—produces no cardiac stimulation, no hypotension, no gastro-intestinal stimulation.9—may be used safely in the presence of gastritis, peptic ulcer or coronary disease. Of 264 patients on Roniacol Timespan, only thirteen experienced side effects—none of them major.1

RONIACOL TIMESPAN tablets are recommended for convenience of therapy in conditions associated with deficient circulation; e.g., peripheral vascular disease, including generalized arteriosclerosis, cerebral arteriosclerosis, varicose ulcers, decubital ulcers, chilblains, diabetic endarteritis, Meniere's syndrome and vertigo due to impaired cerebral circulation.

DOSAGE: One or two Roniacol Timespan tablets in the morning and at night.

SUPPLY: Tablets of 150 mg, in bottles of 50. When prolonged effects are not desired, prescribe Roniacol Tartrate tablets, 50 mg, or Roniacol Elixir, 50 mg per teaspoonful (5 cc).

REFERENCES: 1. Reports on File, Roche Laboratories. 2. E. C. Texter, et al., Am. J. M. Sc., 224:408, 1952. 3. M. M. Fisher and H. E. Tebrock, New York J. Med., 53:65, 1953. 4. I. H. Richter, et al., New York J. Med., 51:630, 1951. 5. S. S. Samuels and E. D. Padernacht, Angiology, 1:236, 1950. 6. G. Kagan, Lancet, 2:53, 1959. 7. S. S. Samuels, Angiology, 1:46, 1950. 8. C. M. Castro and L. De Soldati, Angiology, 4:165, 1953. 9. R. M. N. Crosby, Am. J. M. Sc., 225:61, 1953. 10. J. Dosdos and G. E. Arnold, Eye Ear Nose & Throat Month., 38:1035, 1959.

Roniacol® -brand of beta-pyridyl carbinol. Timespan®

ROCHE LABORATORIES . Division of Hoffmann-La Roche Inc . Nutley 10, N. J.

RONIACOL

TABLETS

SAFE, SPECIFIC PERIPHERAL VASODILATOR IN THE NEW SUSTAINED-RELEASE FORM

Brown, Hotchkiss, Colo.: Dr. Thomas expressed my sentiments exactly, but he forgot to state that 88,000 physicians in the U.S. are packing Social Security cards at this moment.

From Dr. Edward T. Whitney, Boston, Mass.: I resigned my A.M.A. membership three years ago because of their refusal to get Social Security for us. Their stranglehold won't be broken until enough physicians do the same thing.

From Dr. J. P. Hoover, Rossville, Ga.: Will Dr. Thomas explain how he can advocate socialization of the insurance business through Social Security in one breath and in the next say: "I'm still fervently opposed to socialized medicine -so much so that I'll give up my practice if it ever comes"? If he were in business selling retirement insurance, as some of his patients probably are, would be then be for socialized medicine but against Government entry into insurance?

From an anonymous physi-

cian in Carmel, Calif.: Remember the doctors of the Thirties who were forced to drive taxis to eke out a living? Most of them are over 65 now, but they're not on Social Security. They're still in practice, unable to retire, for lack of enough to live on without working. Maybe an aroused public will help us if the A.M.A. won't.

From Dr. Albert Rubin, West Hartford, Conn.: Dr. Thomas forgot to mention that the A.M.A., while keeping self-employed physicians on a plane of noble exclusiveness as the only group in the U.S. not covered by Social Security, makes no protest about the coverage enjoyed by the doctors who work for the American Medical Association.

From Dr. John W. Redelfs, El Paso, Tex.: I'm proud of my profession's stand against socialism and for personal freedom. Dr. Thomas calls this "hogwash." He believes doctors should accept this social-leveling tax and then get a law enacted to benefit themselves

How M.D.s have voted so far

Remem-Chirties

re taxis

w. but

ecurity.

unable

ough to

. Maybe

help us

in, West

Thomas hat the self-emplane of the only covered akes no rage enho work ical As-

Redelfs, ad of my inst sonal freealls this doctors ial-levelt a law emselves Except for California, Illinois, Indiana, Missouri, and New York, the percentages below are the result of polls conducted by state medical societies. The figures for Missouri and Indiana are the result of a one-in-five poll by the Honest Ballot Association. The California percentages are derived from a one-in-ten poll by the H.B.A. Illinois percentages come from an H.B.A. survey that polled all Illinois physicians. The figures for New York are based on composite results of polls in forty-two county societies. The figures below (based on polls taken in the past five years) do not include doctors who are undecided or who didn't answer.

States where a poll favored Social Security

	Percentage of M.D.s who have made up their minds		Percentage of M.D.s wi have made up their min		
	In favor	Opposed	In favor Opposed		
Calif	. 63%	37%	N.J 70% 30%		
Conn	. 73	27	N.Y 55 45		
Del	. 62	38	Ohio 60 40		
D.C	. 74	26	Pa 63 37		
Fla	. 57	43	R.I 70 30		
III	67	33	Utah 63 37		
Me	. 65	35	Vt 65 35		
Mass	. 77	23	Wash 60 40		
Mo	. 65	35	W.Va 64 36		

States where a poll opposed Social Security

	Percentage of M.D.s who have made up their minds			Percentage of M.D.s who have made up their minds			
	In favor	Opposed			In favor	Opposed	
Ark	22%	78%	Mont.		20%	80%	
Ga	48	52	Okla		40	60	
Ind	42	58	Va		38	62	
Md	32	68	Wis		49	51	
Minn	44	56					

Medical Economics, April 24, 1961

lead the patient to



From "MORE BUMAN THAN DIVINE," by William Spratling, published by the National University of Mexica

ARLE

ty of Mexica

You can lift the anxiety that so often weakens the therapeutic effect of specific agents by prescribing adjunctive Dartal. For the patient with a hypertensive cardiovascular condition complicated by anxiety, Dartal steadies the emotional outlook, allows more effective action of hypotensive drugs. Dartal can also suppress the emotional stresses associated with functional gastrointestinal disturbances, peptic ulcer and the premenstrual syndrome. Dartal is as well tolerated as less active agents. One tablet of 2, 5 or 10 mg. t.i.d. is all that may be required for effective tranquilizing action. All available evidence indicates that Dartal is not icterogenic.



Daricon

OXYPHENCYCLIMINE HYDROCHLORIDE

anticholinergic with staying power

*1 TABLET P.M.

usually assures nightlong freedom from pain by providing prolonged and sustained (8-12 hours') anticholinergic action that combats nocturnal increase in the basal gastric secretion of peptic ulcer patients

*1 TABLET A.M.

usually assures uninterrupted daytime control of gastric hypersecretion without dependence on the repeat doses required of shorter-acting anticholinergics

> Science for the world's well-being

PFIZER LABORATORIES
Division,
Chas. Pfizer & Co., Inc.
Brooklyn 6, New York





MARIEF

accon is oxyphencyclimine hydrochlode a long-acting, highly effective antichonegic. DARICON provides 24-hour relief on the pain and discomfort associated in pi. disturbances, usually on just b.i.d.

directions: DARICON is valuable for the directive management of peptic ulcers—udenal, gastric and marginal types; netional bowel syndrome—irritable lon, spastic colon including mucous litis; pylorospasm, cardiospasm; chronic, raspecific ulcerative colitis; biliary tract rease, including cholecystitis and cholelinisis; hiatus hernia accompanied by ophagitis or ulcer; gastritis, acute or petrophic; duodenitis; bladder spasm to r without cystitis; ureteral spasm, as a stones or pyelonephritis.

Effects and Precautions: Dryness of mouth is the most common peripheral et Blurring of vision, constipation, and any hesitancy or retention occur inquendy. These effects may decrease or upper as therapy continues, or can be missed by adjustment of dosage. Care old be exercised in using DARICON in into with prostatic hypertrophy, in out urinary retention may occur. The of DARICON as well as other anti-mergics in patients with an associated coma is not recommended except with halmological approval and super-

totage is 10 mg. of DARICON given chily—in the morning and at night or retiring. (Dosage should be add in relation to therapeutic response.) and as 50 mg. daily is acceptable to adult patients. As little as 5 mg. daily impeutically effective in some adult

Make DARICON is supplied as a white, at 10 mg. tablet.

detailed professional information available on request.

further under it. I don't. I believe that private enterprise can offer more and at the same time contribute corporate taxes for the support of government.

From Dr. Ira Leo Schamberg, Elkins Park, Pa.: Yes, yes, yes, Dr. Thomas! No, no, no, Dr. Wolff! Delegates to the A.M.A. don't give a damn how we feel, even though it's plain that we who are in favor of Social Security are in the majority.

From Dr. Robert L. Burton, Akron, Ohio: Any educated individual should be ashamed to say that he'd follow a pattern because others were doing it. Over half the physicians who favor Social Security give this as their reason. Such men really do need the A.M.A. and the A.A.G.P. to look out for them. And the rest of us need these groups to protect us from such doctors.

From Dr. P. E. Bolewicki, Hamtramck, Mich.: The bigwigs of the A.M.A. are opposed to our paying taxes for some-



CO

he n

wor usts peutic sus iquid oH for

LIQUI CONV Now for an er ablet 'RIOPAI S no furffects tationbation

6

hat

orage: later as is of s lired;

mtinuo med, ma tacid ta thro COMPLETELY NEW CHEMICAL ENTITY*

Riopan" SWALLOW TABLETS & SUSPENSION

he non-chewtablet that works the a liquid in speed of action and duration of relief

works as fast as a liquid ... adusts pH to the safe 3.5-5.5 theraceutic range within seconds

sustains buffering action like a iquid...maintains a physiologic of for prolonged periods

LIQUID ACTION WITH TABLET

tow for the first time your patients an enjoy liquid effectiveness with ablet convenience—and because floopan." is a swallow tablet, there is no taste fatigue... nor have side effects been a problem: no alkalinitation—no acid rebound—no constitution—no diarrhea.

a new advance in liquids, too ..."RIOPAN" Suspension

"RIOPAN" Suspension offers a welcome taste change—refreshingly cool, clean mint flavor with no aftertaste—and predictable buffering action, almost immediately providing a uniform, physiologic pH range in both large and small amounts of HCI, even with varying dosage.

*THE PHARMACOLOGIC BASIS FOR "RIOPAN" EFFECTIVENESS

"RIOPAN" is an entirely new chemical entity in which two agents with well established antacid properties — magnesium and aluminum hydroxides—are united in a single molecule by a patented process (U. S. Pat. 2,923,660). This chemical union makes possible a small, wafer-thin tablet that acts within seconds, providing therapeutic pH adjustment almost immediately.



AYERST LABORATORIES New York 16, N. Y. . Montreal, Canada

hat works like a liquid

tage: 1 or 2 tablets swallowed with the as required, or 1 or 2 teaspoonof suspension with water as rered; preferably between meals bedtime.

IE in peptic ulcer, and whenever timous control of acidity is ded, many clinicians prefer to give and medication at hourly intertional medication at hourly intertional medication at hourly interSupplied: "RIOPAN" Tablets, No. 790
—Each tablet contains 400 mg.
Monalium hydrate (hydrated magnesium aluminate). Packages of 60 and
500 in individual film strips of 10
tablets.

"RIOPAN" Suspension, No. 906—Each teaspoonful contains 400 mg. Monalium hydrate (hydrated magnesium aluminate). Bottles of 12 fluidounces.

Effective Non-Systemic

ANTACID



for patients away from home

BiSoDoL Mints are easy to carry in pocket or purse and afford prompt relief from gastric hyperacidity. They possess prolonged neutralizing properties, soothe irritated stomach membranes and help restore the normal pH in the stomach, BiSoDoL Mints preclude acid rebound. A convenient and effective non-systemic antacid. Free from sodium ion.

COMPOSITION:

Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.



... Your retirement

thing we want, even though we're willing to pay those taxes. If the bigwigs don't want Social Security for themselves. it's simple enough: They don't have to claim it.

HELI

suppl

ch ELDE

7 mg. B.

63 N.E.

7 mg. ni

7 mg. ch

7 mg. fer

ine (as p

mes), I

ds-66.7

mg. dl-

mg. me

ge: One

s. Fema

tal tract.

ha famili

her signs

laging: El

tles of

From Dr. M. K. Colle, Catskill, N.Y.: I agree with all Dr. Thomas' arguments, but he should have added that physicians can come under Social Security in various ways-even by working for their children. You can also get Social Security by sending your wife out to work.

From Dr. S. Berthelsdorf, Portland, Ore.: It's a universal tendency to seek the illusory security of infancy. With Social Security, we are building an inverted pyramid of dependence that must collapse in time because of its unrealistic foundation. Dr. Thomas' article has made me aware of the danger that Social Security will be forced on me. From now on, I will respond to the suggestion of the A.M.A. that we write in protest to the Social Security movement. It isn't safe to as-

Medical Economics, Apr. 24, 1961

A"NEST EGG" HELPS PROVIDE A SECURE FUTURE ...

KAPSEALS

HELP PROVIDE A HEALTHY ONE

y supplying a dependable source of hamins, minerals, hormones, digestive hymes, and amino acids.

ugh xes.

Solves, lon't

ats-

Dr.

he

ysiocial

even

ren.

rity

t to

dorf.

ersal

SOTY

So-

ding

end-

time

oun-

ticle

dan-

ll be

on, I

stion

te in urity

1901

ach ELBEC Kapseal contains vitamins -67 units A, 0.67 mg. B, mononitrate, 67 mg. B2, 0.5 mg. pyridoxine hydrochloride, 83 N.E. Unit (Oral) B12 with intrinsic tor concentrate, 0.1 mg. folic acid, 33.3 mg. C 7 mg. nicotinamide, 10 mg. dl-panthenol. 67 mg. choline bitartrate; minerals i, mg. ferrous sulfate (exsiccated), 0.05 mg. dine (as potassium iodide), 66.7 mg. kinm carbonate; digestive enzymes ng, Taka-Diastase® (Aspergillus oryzae mes), 133.3 mg. pancreatin; amino 6-66.7 mg. I-lysine monohydrochloride. mg. di-methionine; gonadal hormonesmg. methyltestosterone, 0.167 mg. Theelin. ge: One Kapseal three times daily before ak Female patients should follow each day course with a 7-day rest interval. outions: Contraindicated in patients ein estrogen or androgen therapy should be used, as in carcinoma of the breast, al tract, or prostate, and in patients ha familial tendency to these types of nancy; give cautiously to females tend to develop excessive hair growth ther signs of masculinization. taging: ELDEC Kapseals are available ttles of 100.



PARKE-DAVIS

MI SHOULD GOMPANY, Debroit 39, Michiga

before treatment*



Cardiac enlargement and pulmonary congestion.



Left ventricular strain a Irophy (ST depression in

after one month on HYDROPRES



Reduction in heart size and clearing of congestion.



Changes toward

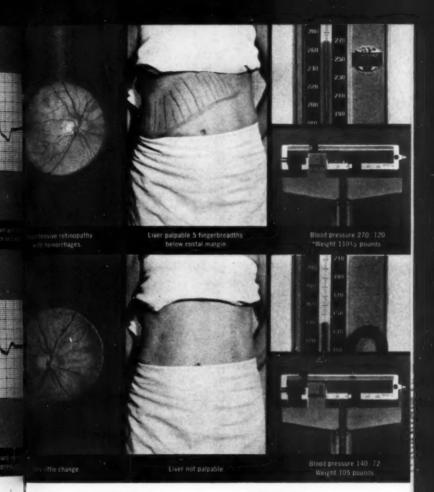
*case report

effective by itself in many hypertensives... indicated in all degrees of hypertension

HYDROPRE

HYDRODIURIL® with RESERPINE

SD ME



HYDROPRES-25

25 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg.reserpine per tablet. One tablet one to four times a day.

also available:

HYDROPRES-Ka-25

25 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

HYDROPRES-50

50 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine per tablet. One tablet one or two times a day.

HYDROPRES-Ka¹50

50 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

It is essential to reduce the dosage of other antihypertensive agents, particularly the ganglion blockers, by at least 50 per cent immediately upon addition of these agents or of HYDROPRES Tablets to the regimen.

Before prescribing or administering HYDROPRES, the physician should consult the detailed information on use accompanying the package or available on request.

MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

THYDROPRES, HYDROPRES-NA, AND HYDRODIURIL ARE TRADEMARKS OF MERCK & CO., INC.

tool of research

RATTAIL HEAT TECHNIC

Twenty rats, in groups of four, are used in this modification of the method described by Davies et al.\(^1\) The pain stimulus is provided by a heated resistance wire placed near the rats' tails. Direct contact with the hot wire is prevented by a specially designed water-cooled tail rest. Observers record the time interval that animals take to respond (tail jerk) to the heat stimulus.

Untreated rats react within three to six seconds. Any prolongation of this reaction time in animals receiving test medication is an indication of analgesia.

The rattail heat technic is one of many tests used by Lilly scientists to study the analgesic properties of compounds such as Darvon.

1. Davies, O. L., Raventos, J., and Walpole, A. L.: Brit. J. Pharmacol., 1:255, 1946.

Darvon® (dextro propoxyphene hydrochloride, Lilly)



Rattail Heat Technic . . . valuable in prelimnary screening of drugs for analgesic activity. Specially designed water-cooled tail rest provents direct contact with hot wire.

DA Irvon is

rodi

d dura

ection, l

• d

rvon is



[Darvon] for codeine provides a distinct advantage."

Gruber, C. M., Jr.: J.A.M.A., 164:966, 1957.

roduct of Tolly research

DARVON effective · safe · well tolerated

twon is a unique analgesic discovered and synthesized in the Lilly Research boratories. Milligram for milligram, Darvon is equal to codeine in intensity duration of analgesic action yet has fewer side-effects.

aron is safe . . . Contraindications to Darvon have not been observed.

aron does not produce adverse changes in the peripheral blood, liver

action, kidney function, or clinical progress. Even after prolonged therapy,

aron . . .

- · does not cause physical dependence
- · does not produce euphoria
- · does not lose analgesic activity

Dosage: 32 mg. every four hours or 65 mg. every six hours.

prelimiactivity. rest pre-



relief from pain, fever. and inflammation



DARVON® COMPOUND and DARVON COMPOUND-65

Both products combine the analgesic a vantages of Darvon with the antipyretic an anti-inflammatory benefits of A.S.A. Com pound. Darvon Compound-65 contains to as much Darvon as regular Darvon Com pound without increase in the salicylat content or size of the Pulvule.

comen.	O1	314	100	or the ren		***	*				
Formulas:							Darvon				
Darvon Compound						Compound-6					
32 mg.				Darvon	0				65	щ	
162 mg.				Acetophe	ene	eti	dir	1.	162	m	
227 mg.			*	A.S.A.®					227	mg	
32.4 mg.		0		Caffeine					32.4	20	

Usual Dosage:

Darvon Compound: 1 or 2 Pulvules three or for the He times daily.

Darvon Compound-65: 1 Pulvule three or for the res times daily.

Darvon® Compound (dextro propoxyphene and acetylulo) acid compound, Lilly) A.S.A.® Compound (acetylsalicylic acid, acetor

caffeine, Lilly) A.S.A.® (acetylsaticytic acid, Lilly)

sume argu clusi

Fr Jewe

a goo it ha ity p threa actua get a wishe drop

the A

Fre Chair Social The F York, medica Distr

conduc Social questio

has pol majorit

Social seven : posed it

was in

Medical

sume that others will carry the argument to a sensible conclusion.

From Dr. C. A. Heise Jr., Jewell, Iowa: The A.M.A. does a good job in most things, but it has evaded the Social Security problem. Only if physicians threaten to withhold dues, or actually withhold them, will we get a chance to express our wishes. Personally, I'm going to drop my membership and tell the A.M.A. why.

) and

D-65

esic ad retic an . Com

ains bei

on Com alicylm

30 oound-6

65 m

162 m

227 mg 32.4 m

From Dr. Harold Aaron. Chairman of the Committee on Social Security for Physicians. The Physicians Forum, New York, N.Y.: Twenty-five state medical societies (including the District of Columbia) have conducted official polls on the Social Security-for-doctors question. In four other states, ree or for the Honest Ballot Association has polled physicians. Here are er or for the results: In twenty states, a majority of physicians favored Social Security coverage; in seven states, a majority opposed it: in two states, the vote was inconclusive. The states





Usual dosage:

1 or 2 Pulvules® three or four times daily.

Also available:

Darvon Compound-65.

Darvon® Compound (dextro propoxyphene and cetylsalicylic acid compound, Lilly)

Patients like the refreshing taste and dependability



for immediate and prolonged relief in peptic ulcer and hyperacidity

- · pelency Preferred for a immediate relief

 - e lesting effect
 - o milk-like action
 - o fresh mint flever
 - e nen-chalky smoothness
 - e freedom from effect en

TITRALAC® TABLETS



May be chewed, dissolved in mouth, or swallowed with water. Each white, mintflavored tablet contains glycine 0.18 Gm. and Ca carbonate 0.42 Gm. Bottles of 100 tablets.

*Patent No. 2429596

TITRALAC® LIQUID

Relief from a teaspoonful—not ounces or tablespoonfuls. Each 5cc. teaspoonful of white, mint-flavored liquid contains glycine 0.30 Gm. and Ca carbonate 0.70 Gm. Bottles of 8 fluid ounces.



voti cia This

..You

emp prac whe have cian all s state held. cian

per phys

these

the t exect ciati and S Thor

it's o not a at th cializ patie

Fr West gume ists f in a

114

Medic

Ever

voting for it have a total physieian-population of 106,562. This is 66.9 per cent of all selfemployed physicians in private practice in the U.S. The states where the vote went against it have a total of 17,020 physicians. This is 10.7 per cent of all self-employed physicians. In states where no polls have been held, there are 32,698 physicians-slightly more than 20 per cent of all self-employed physicians. Plainly, the votes of these states could not reverse the trend.

From Harry E. Northam, executive director of the Association of American Physicians and Surgeons, Chicago, Ill.: Dr. Thomas' plea notwithstanding, it's obvious that physicians cannot ask for socialistic doles and at the same time object to socialized medical care for their patients.

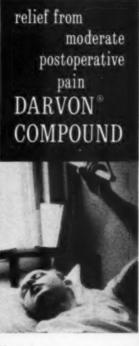
From Dr. D. P. Smith, Key West, Fla.: Dr. Thomas uses arguments made by U.S. Socialists for years. They're not valid in a free enterprise country. Every time we place another

nces or

nful of

ns gly-70 Gm.





Usual dosage:

1 or 2 Pulvules® three or four times daily.

Also available:

Darvon Compound-65.

Darvon® Compound (dextro propoxyphene and acetylsalicylic acid compound, Lilly)

120232

allergy-free for months



with a one-week course of daily injections

Whether it is pollinosis, rhinitis due to other inhalants, allergic asthma, asthmatic brochitis in children, eczema, or food sensitivity...regardless of the number or nature of the offending allergens...a daily injection of Anergex for 6 to 8 days usually provides prompt relief that persists for months in most patients.

Anergex is nonspecific in action. Its effectiveness against most common allergens eliminates skin testing and long drawn-out desensitizing procedures. In contrast to the anti-histamines and other drugs that provide only temporary symptomatic relief, Anergez induces a prolonged allergy-free state.

Marked improvement or complete relief has been reported in over 70 per cent of more than 5,000 patients*. Anergex appears more effective when given during exposure to the offending allergens. Relief is prompt; the patient "often feels better by the time he has had 3 or 4 doses"*. Anergex is safe; no systemic reactions or side effects have been reported. Available: Vials of 8 ml.—one average treatment course. Each ml. contains 40 mg. extractive from the Toxicodendron quercifolium plant. *WRITE FOR LITERATURE AND REPRINTS

ANERGEX®

the new concept for the treatment of allergic diseases

MULFORD COLLOID LABORATORIES



PHILADELPHIA 4, PENNSYLVANIA

seg gov

You

gov anot ciali

New

in y
A.M.
their
state
vor of
for p

surve

Fro Cresto Social titles ship e ment of them

but it money still un ments

them. S ed. All ing.

From

Medical

segment of our lives under government control, we take another step towards the Socialist state.

From Dr. Michael Ringer, New York, N.Y.: Put a notice in your magazine urging A.M.A. members to attach to their next dues checks a simple statement of whether they favor or oppose Social Security for physicians. Thus, the A.M.A. will get an inexpensive survey of the whole profession.

From Dr. Harold J. Peggs, Creston, Iowa: The payment of Social Security tax no more entitles its victims to an ownership equity than does the payment of a liquor tax. It endows them with no rights or privileges in their own payments, but it promises to give them money yet to be paid by citizens still unborn. It spends your payments and borrows to replace them. Social Security isn't funded. All it has is fancy bookkeeping.

ns

bron-

ure of

ovides

elimi-

nergex

more

to the

as had

orted.

actives

RINTS

VANIA

From Dr. William H. Goodman, Chester, Pa.: It's frus-





Usual dosage:

1 or 2 Pulvules® three or four times daily.

Also available:

Darvon Compound-65.

Darvon® Compound (dextro propoxyphene and acetylsalicylic acid compound, Lilly)

120232



to contain upper respiratory infection

safe antibiosis

Triacetyloleandomycin, equivalent to oleandomycin 125 mg. This is the URI antibiotic, clinically effective against certain antibiotic-resistant organisms.

at

th

See finathis doc

out

to 1

cial

rep

proj

han

cian

cusa

ter,

muel

us ?"

rity.

our f

Medic

fast decongestion

Triaminic®, 25 mg., three active components stop running noses. Relief starts in minutes, lasts for hours.

well-tolerated analgesia

Calurin®, calcium acetylsalicylate carbamide equivalent to aspirin 300 mg. This is the freely-soluble calcium aspirin that minimizes local irritation, chemical erosion, gastric damage. High, fast blood levels.

TAIN brings quick, symptomatic relief of the common cold (malaise, headache, muscular cramps, aches and pains) especially when susceptible organisms are likely to cause secondary infection. Usual adult dose is 2 Inlay-Tabs, q.i.d. In bottles of 50. It only. Remember, to contain the bacteria-prone cold...TAIN.

DORSEY LABORATORIES • Lincoln, Nebraska a division of The Wander Company trating for the will of the majority to be ignored by a self-righteous, sanctimonious, bureaucratic minority. By what authority does this minority set itself above the rest of us? Most physicians want to join the rest of the American people in the Social Security plan.

From Dr. Robert L. Harnish, Lancaster, Pa.: I agree with Dr. Thomas except for one statement he made, i.e., that Social Security is on a sound financial basis. It isn't, and this is all the more reason why doctors can't afford to be without it. The A.M.A., by refusing to poll the membership on Social Security, has ceased to be representative of the medical profession.

nycin

ective

run-

ours.

e cal-

mical

mmon

s and

likely

e is 2

mber,

ca.

From Dr. William W. Kleinhandler, Troy, N.Y.: Physicians have to counter such accusations as, "What's the matter, Doc, do you think you're so much better than the rest of us?" By refusing Social Security, we're indirectly accusing our fellow Americans of "valuing their pocketbooks more





Usual dosage:

1 or 2 Pulvules® three or four times daily.

Also available:

Darvon Compound-65.

Darvon® Compound (dextro propoxyphene and acetylsalicylic acid compound, Lilly)

120232

INHIBITOR OF GASTRIC ACID SECRETION

in PEPTIC ULCER/HYPERCHLORHYDRIA

- suppresses gastric acid secretion at the parietal cell level
- decreases gastrointestinal spasm and hypermotility

NACTON⁹...Has been shown to suppress gastric acid secretion for as long as 8 to 9 hours.¹ "...reduces the total output of gastric HCl by about 60%.'² Decreases hypermotility of stomach and bowel.³⁻⁷ Aids healing of peptic ulcer.⁸ Unusually low incidence of side effects.^{1,3,9}



th

it.'
its
a p

ter the rea

Coll bad Dr. vine

talk to ti

the

cliqu

no

ea Mi

\$2 do

Medic

Available as: Tablets Nacton 4 mg.

References:

1. Douthwalls, A. H., and Hunt, J. N.: Effect of "Nacton" in Patients with Duodenal Ulcer, Brit. Med. J. 5:000-188 (Nay 9) 1988. 2. Douthwalls, A. H., "The Development of the Treatment of Duodenal Ulcer, Proc. Roy. Soc. Med. 57:188-1088 (Dec.) 1958. 3. Steigmann, F.: The Problems of Side Effects in Anticholinergic Therapy, to be published. 4. Gesteman, M. I., and Tuttle, S. G.: Clinical Report to McNeil Laboratories. 5. Texter, E. C.: Clinical Report to McNeil Laboratories. 5. Texter, E. C.: Clinical Report to McNeil Laboratories. 7. Cheep. S. H.: Clinical Report to McNeil Laboratories. 8. Walker, G. F.: Therapeutics; Gastric Sedatives, Brit. J. Clin. Pract. 17:382 (May) 1959. 5. Douthwalls. A. H., Hunt, J. N., and MacDonald, I.: A Long-Acting Inhibitor of Gastric Secretion, Brit. Med. J. 2:275-276 (Aug.) 1951.

McNEIL

McNeil Laboratories, Inc. . Philadelphia 32, Pa.

than their ideals." We're saying to them, and to an institution they support: "To hell with it." This is public relations at its poorest. The time is ripe for a poll of all self-employed physicians. Let's attend to this matter, settle it, drop it, and give the public something better to read about doctors.

From Dr. Luther H. Wolff, Columbus, Ga.: Crying "Big bad wolf" at the A.M.A. shows Dr. Thomas' admitted provincialism. If the good doctor would go to an A.M.A. meeting, talk to the delegates, and listen to the discussions, he'd see that the A.M.A. isn't run by any clique. It's run by private prac-

laughable

mg.

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes Editor, Medical Economics, Inc., Oradell, N.J.





Usual dosage:

1 or 2 Pulvules® three or four times daily.

Also available:

Darvon Compound-65.

Darvon® Compound (dextro proposyphene and acetylsalicylic acid compound, Lilly)

120232



when the allergy is more than antihistamine alone can control...and intensive steroid therapy alone is more than the allergy requires...

hi

Lodorie

LEDERLE LABORATOR

high-level antiallergic action at low-level drug intake ...

Aristomin

Storaid-Antihistamine Compound LEDERLE

ines

rapy

CAPSULES

wider latitude in adjusting dosage for better tolerated therapy

ARISTOMIN IS PARTICULARLY ADVANTAGEOUS IN: perennial asthma, allergic, seasonal or perennial rhinitis, drug reactions, allergio pruritus, hay fever, which may be too severe to be controlled by antihistamines alone.

ARISTOMIN combines the corticosteroid efficacy of ARISTOCORT* Triamcinolone with the action of the widely prescribed antihistaminic, chlorpheniramine. Supplying each outstanding component at the lowest effective dosage, ARISTOMIN permits widest latitude in adjusting therapy to meet the Individual patient's requirement. Offers combined anti-inflammatory—intiallergic—antihistaminic action at minimal maintenance levels. Well-tolerated.
... Side effects infrequent and minor in nature.

DOSAGE: One to eight capsules a day in divided doses. Dosages should be based on individual therapeutic response. PRECAUTIONS: All customary precautions pertaining to corticostero a therapy should be observed SUPPLY: Each ARISTOMIN Capsule contains ARISTOCORT Triamcinolone (1 mg.), Chlorpheniramine Maleate (2 mg.), and

Ascorbic Acid (75 mg.). Bottles of 30 and 100.

for severe allergies requiring full-scale steroid therapy

ARISTOCORT® Triamcincione

1 mg, scored tablets (yellow); 2 mg, scored tablets (pink); 4 mg, scored tablets (white); 16 mg, scored tablets (white).

Request complete information on indications, dosage, precautions and contraindications from your Lederle representative or write to Medical Advisory Department.

bision of AMERICAN CYANAMID COMPANY, Pearl River, New York

titioners like Dr. Thomas himself, except that they have the interest of medicine at heart, not the isolated, self-centered interest of individuals. I'm sure a vote of all doctors on Social Security would confirm the A.M.A.'s position.

A doctor asks the A.M.A. some questions... and gets some answers

Dr. W. H. Van Wart, Hartford, Conn., wrote to the American Medical Association asking some questions. Dr. F. J. L. Blasingame, executive vice president of the A.M.A., supplied answers. Here, condensed, is the correspondence.

Suite 101, 600 Asylum Avenue Hartford 5, Connecticut

American Medical Association 535 North Dearborn Street Chicago 10, Illinois

Gentlemen:

The controversy over Social Security coverage for selfemployed physicians has been going on for ten years, yet no machinery has been set up by the A.M.A. to conduct a national poll. Don't you think it only fair that this should have been done some time ago, if your group and your powerful lobby in Washington assume to be the official spokesmen for the medical profession on this matter? I would like some answers to the following questions:

Has a "pro" article on Social Security for physicians

METI-DERM AEROSQL



firm control of both itching and inflammation

personal transfer of the second

sure Social the

r-J.

e. 1e

lfno ald ur ial

I

4, 1961



Dr. W. H. Van Wart
"Conduct a national poll"

ever been published in any of the A.M.A. publications?

Is this influential group I speak of, consisting of A.M.A. officials, many state medical society officials, and members of the House of Delegates, really a representative group of the medical profession as a whole in this matter?

Your figures recently revealed that there are about 220,000 licensed M.D.s in this country, excluding those in the Armed Forces, and about 157,000 members of the A.M.A., with 17,000 not paying dues. Are any of these, or any A.M.A. officials, covered by Social Security?

Why don't about 45 per cent of M.D.s in New York State and about 41 per cent in Massachusetts belong to the A.M.A.? How many members of the A.M.A. have resigned in the past five to ten years?

How many physicians in the last five to ten years have taken salaried positions and organized small groups so that they could qualify for Social Security coverage?

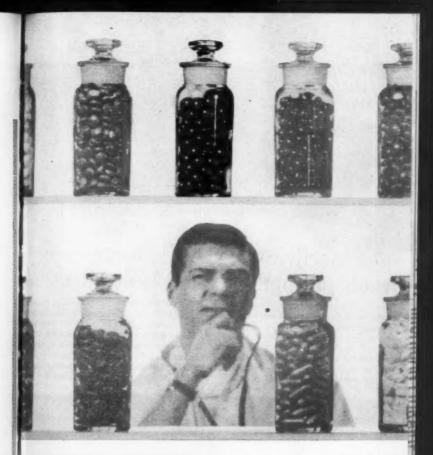
Don't the official polls of twenty-five state medical societies conducted to date reveal that nineteen states favor this coverage while six oppose it?

Was it fair to force physicians to organize outside of the

Medical Economics, April 24, 1961

ogeniz

or wastefu



Why HOMAGENETS instead of ordinary vitamins?

ature gives the reason? Homagenets prode vitamins the way nature intended—in omogenized form. The homogenization rocess used in Homagenets breaks up he vitamins into microscopic particles— 100th the size found in ordinary vitanin tablets.

hy small particles? To speed absorption; uprove utilization; and eliminate need or wasteful excess dosage.** How about taste? Homogenization makes Homagenets so palatable they can be chewed like candy or swallowed . . . with no "fishy burp."

Formulas? Five of them—Prenatal, Pediatric, Aoral, Geriatric, and Therapeutic.

Write for samples and detailed literature.

HOMAGENETS

THE HOMOGENIZED VITAMINS IN SOLID FORM

*U.S. Pat. Nos. 2676136; 2841528

Levis, et al.: Pediat. 5:425

1961

NES. E. MASSENGILL COMPANY Bristol, Tennessee . New York . Kansas City . San Francisco



extra antibiotic activity

De d

attains activity levels promptly

DECLOMYCIN Demethylchlortetracycline attains—usually within two hours—blood levels more than adequate to suppress susceptible pathogens—on daily dosages substantially lower than those required to elicit antibiotic activity of comparable intensity with other tetracyclines. The average, effective, adult daily dose of other tetracyclines is 1 Gm. With DECLOMYCIN, it is only 600 mg.

sustains activity levels evenly

DECLOMYCIN Demethylchlortetracycline sustains through the entire therapeutic course, the high activity levels needed to control the primary in fection and to check secondary infection at noriginal—or at another—site. This combined activities usually sustained without the pronounced how to-hour, dose-to-dose, peak-and-valley fluctuative which characterize other tetracyclines.

TETRACYCLINE
ACTIVITY
WITH
DECLOMYCIN
THERAPY

150 mg. q.i.d.

TETRACYCLINE
ACTIVITY
WITH OTHER
TETRACYCLINE
THERAPY

250 mg. q.i.d.

POSITIVE ANTIBACTERIAL ACTION

DECLOSMICIA - SUSTAINED ACTIVITY LEVELS
OFHER TECHNOLOGIES - PEAKS AND VALLEYS

PROTECTION AGAINST PROBLEM PATHOGE

lev

activity
is give
action
average
tion-1
tetracy
duration

BAYS OF

PR

DEMETHYLCHLORTETRACYCLINE LEDERLE

retains activity levels 24-48 hrs.

sustair

ed action

ced bour

ctuation

DECLOMYCIN Demethylchlortetracycline retains activity levels up to 48 hours after the last dose is given. At least a full, extra day of positive action may thus be confidently expected. The average, daily adult dosage for the average infection—1 capsule q.i.d.—is the same as with other tetracyclines...but total dosage is lower and duration of action is longer.

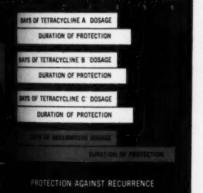
CAPSULES, 150 mg., bottles of 16 and 100. Desage: Average infections—1 capsule four times daily. Severe-infections—Initial dose of 2 capsules, then 1 capsule every six hours.

PEDIATRIC DROPS, 60 mg/cc. in 10 cc. bottle with calibrated, plastic dropper. **Dosage:** 1 to 2 drops (3 to 6 mg.) per pound body weight per day—divided into 4 doses.

SYRUP, 75 mg./5 cc. teaspoonful (cherry-flavored), bottles of 2 and 16 fl. oz. **Dosage:** 3 to 6 mg. per pound body weight per day—divided into 4 doses.

PRECAUTIONS—As with other antibiotics, DECLOMY-CIN may occasionally give rise to glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis or dermatitis. A photodynamic reaction to sunlight has been observed in a few patients on DECLOMYCIN. Although reversible by discontinuing therapy, patients should avoid exposure to intense sunlight. If adverse reaction or idiosyncrasy occurs, discontinue medication.

Overgrowth of nonsusceptible organisms is a possibility with DECLOMYCIN, as with other antibiotics. The patient should be kept under constant observation.



LEDERLE LABORATORIES

A Division of

AMERICAN CYANAMID COMPANY
Pearl River, New York

A.M.A. to try to promote our democratic process in this matter?

Was it fair for the members of the House of Delegates who represented the nineteen above-mentioned states to vote unanimously against this coverage at the last annual meeting? I think the action of these delegates, who were not responsive to the wishes of those whom they represented, suggests they are not elected democratically.

Do you think the conduct of this controversy over the last ten years by your influential group has been fair, even to your own members, without considering the nearly one-third of all M.D.s who are not members of the A.M.A.?

Very truly yours, W. H. Van Wart, M.D. wh

In a

sym

pron

were

FOR P

Нуров

AMERICAN MEDICAL ASSOCIATION 535 North Dearborn Street Chicago 10, Illinois

W. H. Van Wart, M.D. Suite 101, 600 Asylum Avenue Hartford 5, Connecticut

Dear Dr. Van Wart:

A national poll of A.M.A.'s membership to determine their attitude concerning Social Security coverage for physicians has been rejected on several occasions by our House of Delegates.

The House is elected by the state societies on the basis

relieve

COLIC

when due to cow's milk allergy

In a clinical study¹ of 206 milkallergic infants, the "colicky" symptoms evident in 31% were promptly relieved when the infants were placed on a soya formula.

FOR PREVENTION: When allergic tendencies exist in parents or siblings,

it is advisable to start the "potentially allergic" newborn on Sobee.

FOR DIAGNOSIS: If cow's milk allergy is suspected, a 24- to 48-hour trial period with Sobee often eliminates the need for an allergy study.

1. Clein, N. W.: Pedint. Clin. North America, Nov., 1954, pp. 949-962.

specify

SOBEE

Hypoallergenic soya formula



Mead Johnson Laboratories

Symbol of service in medicine

tes to

his

ual ere re-

the ven ne-A.?

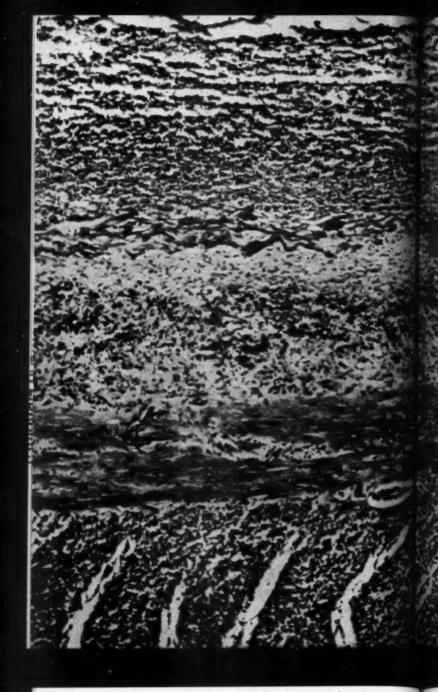
.D.

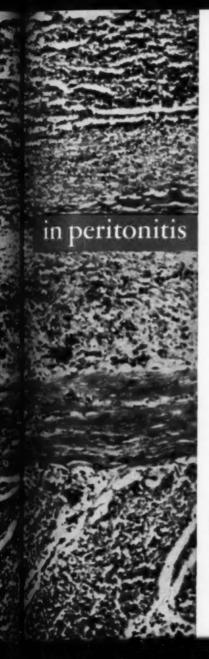
nine

for our

asis

24, 190





Therapeutic confidence

Panalba is effective against more than 30 commonly encountered pathogens including ubiquitous staphylococci. Right from the start, prescribing it gives you a high degree of assurance of obtaining the desired anti-infective action in this as in a wide variety of bacterial diseases.

Supplied: Capsules, each containing Panmycine Phosphate (tetracycline phosphate complex), equivalent to 250 mg, tetracycline hydrochloride, and 123 mg. Albamycin, a sa novoblocin sodium, in bottles of 16 and 100.

Adult desage: 2 capsules four times a day.
Side effects Pannycin Phosphate has a very
low order of toxicity comparable to that of
the older capsules of the control of the older capsules.

It is a consistent of the control of the co

Albamycin also has a relatively low order of toxicity. In a certain few patients, a yellow pigment has been found in the plasma. This pigment, apparently a metabolic by-product of the drug, is not necessarily associated with abnormal liver function tests.

Urticaria and maculopapular dermatitis, a few cases of leukopenia, and agranulocytosis have been reported in patients treated with Albamycia. All of these side effects rapidly disappeared upon discontinuance of the drug.

Caution: Since the use of any antibiotic may result in overgrowth of nonsusceptible organisms, constant observation of the patient is essential. If new infections appear during therapy, appropriate measures should be taken.

As with any serious infection, therapy of peritonitis with Panaiba or other antibacterial agents is adjunctive to surgical procedures and supportive therapy.

Inflammatory process of the peritoneum The Upjohn Company Kalamazoo, Michigan

Upjohn

Panalha*



your broad-spectrum antibiotic of first resort

...Your retirement



Dr. F. J. L. Blasingame "Majority will prevail"

of one Delegate for each 1,000 A.M.A. members in each society, and is therefore truly representative of the profession as a whole.

Many state societies, at the suggestion of the House of Delegates, have conducted polls. These polls have been indecisive; some have strongly supported coverage and others have equally as strongly opposed it. It is obviously true that there is a sharp division of opinion within the profession.

A "pro" article on Social Security for physicians has not been published in any A.M.A. publication. No article supporting coverage has been submitted, to my knowledge, that has stated the "pro" position accurately and authentically. However, many "pro" letters have been published in the A.M.A. publications.

The main argument against Social Security coverage for physicians is that it does not fit their economic needs. Most physicians do not retire at 65 or 72. The Social Security system, in fact, is most inequitable for self-employed persons. The absence of an employer contribution makes the tax on them, over a normal lifetime of contributions, significantly higher than what can be expected in return.

In other words, the tax paid by the self-employed physician will, when the system matures, be more than the average return—and considerably higher than what he would have had to pay for comparable benefits under private nongovernmental insurance. It is true, of course, that many older physicians would experience a windfall of benefits if they retired at 65, but the majority of physicians would lose, not gain.

Most important, physicians have seen social insurance programs in other nations used as a vehicle for the establishment of socialized medicine. They have fought against the Wagner-Murray-Dingell bills of 1949 and the Forand bills of today. They know that the Social Security system constitutes the principal avenue by which socialized medicine advocates hope to achieve their goal. Naturally, they're highly sensitive to their inclusion in a system which may eventually be used to abridge their freedom as a profession.

The 17,000 non-dues-paying active members of the American Medical Association are exempted from dues because of: (1) age (over 70); (2) interneships and residencies; (3) financial difficulty; there is also (4) a miscellaneous group determined by local medical societies.

About 40 per cent of physicians are covered by Social Security. A.M.A. employes are covered and have no choice in the matter.

We do not know why such a large percentage of physicians in New York State and Massachusetts do not belong to the A.M.A., nor do we have any figures on the number of A.M.A. members who have resigned in the last five to ten years.

We have no figures on the number of physicians during

Medical Economics, April 24, 1961

ach

pro-

e of

in-

and

usly

the

not

sup-

dge,

nen-

hed

age

eds.

Se-

em-

tion

ibu-

24, 196

the last ten years who have taken salaried or other positions in order to qualify for Social Security.

The A.M.A. is a true reflection of its membership. I am certain that the Delegates from the various constituent state organizations are highly responsive to the desires of their members.

My advice to you, and to others who feel as you do, would be to contact your Delegates to the A.M.A. and any other Delegates whom you may choose to contact, in order to present your case just as forcefully as you can. In the long run, the majority opinion of our membership—whether for or against coverage—is likely to prevail in the House of Delegates.

Sincerely,
F. J. L. Blasingame, M.D.
Executive Vice President

END

dis

He

En

Ye

nu

vit

iro

ma

For

Cornered!

Several doctor-friends and I finally worked out our schedules to permit an uninterrupted evening of poker at my home. My wife was to explain that I was out of town and to refer my calls to a fellow pediatrician. But the mother of one of my patients called our bluff. On learning that I wasn't available, she decided to call her family physician, Dr. Olsen. Imagine her surprise—and our chagrin—when Dr. Olsen's wife referred her call back to my phone number! —I. M. Ozaydin, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 \pm \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

consider the convenience to pregnant women of a tablet this size



ENGRAN NEW FORMULA SUPPLIES 45 MG. OF IRON – AT NO EXTRA COST

The size of a prenatal vitamin-supplement tablet is important—the nausea and gastric distress often associated with pregnancy may make swallowing anything a real problem.

Hence the small size of the Engran tablet is a great convenience to your pregnant patient, for Engran is actually the *smallest* tablet now available for vitamin-mineral supplementation.

Yet only one Engran tablet a day will provide these vitamins and minerals to help assure a nutritionally perfect pregnancy: vitamin A 5,000 U.S.P. units; vitamin D 500 U.S.P. units; vitamin K 0.5 mg.; thiamine 3 mg.; riboflavin 3 mg.; pyridoxine 2 mg.; vitamin B₁₂ 2 mcg.; niacinamide 20 mg.; calcium pantothenate 5 mg.; ascorbic acid 75 mg.; calcium 100 mg.; iron 45 mg.; iodine 0.15 mg.; copper 1 mg.; magnesium (as the oxide) 6 mg.; zinc 1.5 mg.; manganese (as the sulfate) 1 mg.

For full information see your Squibb Product Reference or Product Brief.

Engran® is a Squibb Trademark

08i-

am ent s of

do, and , in can. ship

I.D. ent END

iles

My wife

lls to

ed her

\$25 to

24, 191

ts





Helps you take the misery out of menopause as hormones alone often don't do



Fast-acting Milprem directly relieves both emotional dread and estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman whi is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps you so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headached. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and you assurances can now help her make her adjustment much faster.

Composition: Miltown (meprobamate) + conjugated estrogens (equine).

Supplied: Milprem-400, each coated pink tablet contains 400 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Milprem-200, each coated oldrose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Both potencies in battles of 60.

Literature and samples on request.

Dosage: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

Milprem

WALLACE LABORATORIES / Cranbury, N.I.

Financial briefs

Medical Economics, April 24, 1961

IF YOU'RE EARNING MUCH MORE than a decade ago, it's probably because you're working harder. Department of Labor figures show per capita spending for doctors' services up 67 per cent in ten years, fees up only 36 per cent.

YOU MAY BE SHORT-CHANGING YOUR HEIRS if you maintain homes in two states. Reason: Each can claim—and may collect—death taxes on stocks and trust funds in your estate. Your lawyer can help limit your domicile for tax purposes.

NOW YOU CAN LEARN INVESTING techniques by mail. Dun & Bradstreet, New York credit-rating firm, is offering thirteen weekly lessons for \$40. For \$15 more, a consultant will grade you.

ACCOUNTS-RECEIVABLE INSURANCE can save you thousands in uncollectible bills if patients' records are lost or destroyed. An all-risk policy covers receivables, less bad debts, up to \$13,000 or so for just about \$20 a year.

YOU CAN PROTECT YOUR STOCK PROFITS in today's uncertain market by careful use of stop-loss orders (telling your broker to sell when a stock drops to a specified level). Where's a good point to set the stop? About 10 per cent

139

1

man who

headache he patien and you

d. in rest ods, tient.

HALL MAY, N.J.

... Financial briefs

below the current price; lower for a volatile stock, say some investment advisers. Caution: Be sure to review the order periodically.

ASK YOUR ATTORNEY to bill you separately for advice on the tax consequences of a business or personal transaction. You can then deduct the expense on your tax return. While there's no guarantee the I.R.S. won't contest it, the Court of Claims recently allowed a like \$2,500 deduction when backed by a separate bill.

WANT TO DOUBLE YOUR INVESTMENT INCOME? You may be able to by switching from stocks to tax-exempt municipal bonds. Standard & Poor's projects the average 1961 yield on industrials at 2.9 per cent, based on present prices. The average yield on municipals is 3.6 per cent, and this equals a pre-tax 5.7 per cent if your taxable income is \$20,000 to \$24,000.

DON'T EXPECT TOO MUCH of a new car warranty. Though manufacturers have expanded coverage on parts and workmanship to 12,000 miles or twelve months, you must still pay for maintenance services such as tune-ups, wheel alignment, and brake adjustment. And your warranty's no good in case of accident, misuse, or negligence, or if you go to an unauthorized service station.



le

n:

r S or he o

500

may

als

our

on

elve

and od

or n.

1961

he

NOW! STEAM AND DRY STERILIZATION IN A SINGLE UNIT!

OMNI-CL'AVE

THE AMAZING NEW 2-IN-1 AUTOCLAVE ANOTHER REMARKABLE INNOVATION BY PELTON & CRANE

Save money! Save time! Save precious space! OMNI-CLAVE, the ONLY dual-purpose unit on the market today, gives you BOTH steam and dry sterilization in a single-chamber autoclave. Thoroughly tested by Pelton & Crane for trouble-free performance, OMNI-CLAVE is low in cost, most economical in up-keep, easy to operate . . . and it eliminates the need for an extra piece of equipment.

Ask your dealer to demonstrate the versatile new OMNI-CLAVE and note these other significant benefits:—

• Single-knob action sets pressure and temperature

 Reaches pressure in 10 minutes from a cold start; in less than 4 minutes on successive cycles

. Condenses steam returning it to reservoir for re-use

 Accommodates up to 3 trays, instruments up to 13 inches in length in the chamber which is 7" x 14"

· Forged bronze door with positive locking action

 OMNI-CLAVE feet are adjustable to compensate for varying cabinet depths for new leaflet describing OMNI-CLAVE, Model OCM, write to:



P. O. Box 3664 . CHARLOTTE 3, NORTH CAROLINA

Can a plumber do a day's work on 1200 calories?

The answer, of course, is "not for long." For example, following diagnosis of diabetes, a 44-year-old plumber (5'8" and weighing 147 lb.) had been put on a 1200-calorie diet to control glycosuria. When referred six months later, he had not been spilling sugar, but had lost 25 pounds and developed progressive fatigability. Orinase, 0.5 Gm./day, was prescribed and his diet was increased to 2800 calories to meet metabolic demands (125 Gm. protein; 300 Gm. carbohydrate; 125 Gm. fat).

Follow-up visits showed this progress:

3 mo. Urine and blood sugar o.k.; weight gain: 28 lb. Can work normally, feels generally well.

6 mo. Weight constant, control constant, no complaints. 12 mo. Same.

18 mo. Same.

24 mo. Same.

Diet-controlled diabetics who are underweight, tire easily, or have increased nutritional needs may merely be "getting by" on dietotherapy alone. These patients-and others who experience transient weakness or listlessness-can often be returned to near-normal activity by giving Orinase together with a more adequate diet. Orinase control of diabetes is notably smooth and stable; patients report a greater sense of wellbeing, and improved mood. The Upjohn Company Case data courtesy Henry Dolger, M.D.



An exclusive methyl "governor"

prevents hypoglycemia.



U.S. Pat. Off. tolbutamide, Upjohn

Kalamazoo, Michigan

Upjohn

Desage: There is no for pregimen for initiating Orinase therapy. A sign and effective method follows: First day—6 to second day—1 tablets. The daily dose is then added to the day of the d tablet level, whicheve necessary to maintain optimum control.

interestancy or manusaria.

In patients being conversing from insulin, insulin is gradually withdrawn is accordance with the response to Orinase observed over a trial period of the patients of the patients

Co

th

B

081

sta

for

"D

tra

ide

pr

bra

for

ost

to

all

thr

ran

thei

sun

1

a Crial course of two
common weeks and side
Controllections and side
Controllections and side
Controllections and side
having juvenile or growthonset, unstable or britise
types of diabetes mailita;
types of d Other untoward react to Orinase are usuall of a serious nature a consist principally of gastrointestinal comman principally of disturbances, beadesh and variable allergic a manifestations. The grastrointestinal disturb heartburn) and headed appear to be related to also of the done, and if requestly disappear we total daily dose is administered in divide administered in divide administered in divide a present allergic erythems as urticarial, morbiliform or maculopapular erup or maculopapular erup. urticarial, morbillifor
or maculopapular eru
are transient reaction
which frequently disa
with continued drug
administration. Hower
the skin reactions per
Orinsse should be
discontinued.

Orinase should be discontinued to remarkable of discontinued to remarkable appears to be remarkable appears to be remarkable at the continued of the continued

Each tablet contains: Supplied: In bottles of 50.

They're out to merge M.D.s and D.O.s

California osteopaths may soon become M.D.s. If they do, many doctors foresee gains for both professions

By Jean Pascoe

"The only difference between osteopaths and M.D.s in this state is their degrees," a California M.D. told me recently. "D.O.s here get good medical training. Their licenses are identical to M.D.s', and they practice virtually the same brand of medicine."

Is this heresy? Not in California, where state medical and osteopathic societies are about to vote on a proposal to erase all distinctions between the two professions. If the plan goes through, California D.O.s will be invited to join medicine's ranks and change the "D.O." on their letterheads to "M.D." Assuming they accept, they may

start a nation-wide trend that will ultimately bring the two professions under one roof.

So far, the impetus toward merger has been provided chiefly by a few medical and osteopathic leaders. Plans have been worked out under a cloak of secrecy by representatives of the California Medical Association and the California Osteopathic Association. Until quite recently, most California doctors knew little about actual details of the merger plans.

Why all the secrecy? One reason is that the two state associations have been reluctant to give an anti-merger faction time to gather force before the

.



continuous protection against vertigo Bonine

effective and sate in mild, severe, or chronic attacks of dizziness associated with cerebral arteriosclerosis and vertigo of labyrinthine disturbances

PEIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, N. Y

N BR

rerebra other con abyrint

ontrolli nanifes clerosi inthitis, estibul ralue als

DMIN IGE: Fo one of o 00 mg.) chedules ge insert

rith the accession outh, an RECAU istaminin hould infaution in aged in accession.

UPPLIE I steless, 25 sts, mintlixir, che

re detail

fizer :

Medical

... Your associates

ONINE is meclizine hydrochloride, a cag-acting, notably well-tolerated apart of established effectiveness in the creation of dizziness associated with rebral arteriosclerosis and certain der conditions where attacks of dizziness or vertigo are manifestations of abyrinthine sensitivity.

NDICATIONS: BONINE is of value in ostrolling dizziness and vertiginous anifestations of cerebral arterioclerosis, Ménière's syndrome, laby-inthits, fenestration procedures, and estibular dysfunction. BONINE is of alue also for the control of nausea and omiting of pregnancy, motion sickness, of radiation sickness.

DMINISTRATION AND DOS-IGE: For control of vertigo, a daily one of one to four tablets (25 mg. to 0 mg.) is recommended. For dosage chedules in other indications, see packpr insert.

IDE EFFECTS: Side effects reported in the administration of BONINE have on mild and/or transient, consisting occasional drowsiness, dryness of the both, and blurred vision.

RECAUTIONS: As with other antiistaminic compounds, the physician sold inform patients of the need for ution in driving a car or when enaged in other activities requiring ettness. There are no known contradications to BONINE.

UPPLIED: BONINE Tablets, scored, steless, 25 mg. BONINE Chewing Tabts, mint-flavored, 25 mg. BONINE litir, cherry-flavored, 12.5 mg. per seconful (5 cc.).

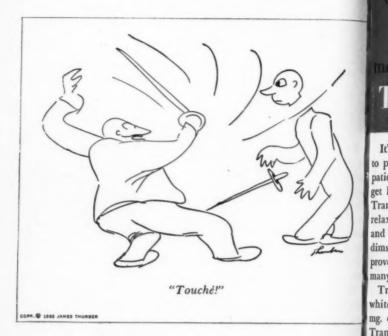
we detailed professional information wilable on request.

Science for the world's well-beingm

official vote on the unification plans. The parent American Osteopathic Association, after dropping its California chapter. went on to charter another group-the Osteopathic Physicians and Surgeons of California-to fight the merger. At this point, neither of the two state osteopathic societies knows for sure which one represents the views of California D.O.s. But a month ago, the pro-merger California Osteopathic Association claimed to have about 2,000 membersmore than twenty times as many members as the anti-merger Osteopathic Physicians and Surgeons of California claimed.

In the end, the rank-and-file doctors of both professions are the ones who'll make the merger work—or fizzle out. Here are answers to the questions they've been asking:

If the merger goes through, will osteopaths become M.D.s? Yes, according to Wayne E. Pollock, M.D., chairman of medicine's half of the merger committee. "If all goes as planned," Dr. Pollock says, "any D.O. holding an unlimited license to



For a better way to treat headache, prescribe **Trancoprin**®

146

Med

Do or for to 12 three

Comprehensive relief of pain is good medical economics Trancoprin®

It's good medical economics to prescribe Trancoprin for a patient in pain, because it will get him back on the job fast. Trancoprin is the analgesic that relaxes skeletal muscle spasm and reduces tension while it dims pain perception. It has proved to be effective against many different kinds of pain.

Trancoprin is available in white tablets containing 300 mg. of aspirin and 50 mg. of Trancopal® (brand of chlormezanone).

Dosage: Adults, 2 tablets three or four times daily; children (5 to 12 years) from 50 to 100 mg, three or four times daily.



110414

... Your associates

practice will be eligible for an M.D. degree from the Los Angeles College of Osteopathic Physicians and Surgeons. Under California laws, D.O.s meet the same training requirements in medical theory and take virtually the same licensure examination as M.D.s. Their licenses are identical, so they won't even have to get new ones to practice as M.D.s."

If a D.O. makes the switch, however, he can't use both titles. According to the merger conditions, he'll have to settle for one or the other.

Will the Los Angeles College of Osteopathic Physicians and Surgeons be turned into a medical school? It will if the merger goes through. And it will be medically accredited within a year after it makes the switch. Since the college has been warned that it will lose its A.O.A. accreditation if it invites medical accreditation, the American Association of Medical Colleges hasn't been able to inspect the school yet. But three California medical school deans -acting on behalf of the A.A.M.C.—have already worked

... Your associates



"Two similar professions serving the public's health needs! It's ridiculous!" declares Osteopath Dorothy Marsh, president of the pro-merger C.O.A. "We can all do a better job if we're united. This merger is going to set the pace for the nation."

out accreditation arrangements.

Naturally, the osteopathic college's willingness to go along will give the merger a real boost. Most California D.O.s are graduates of the school and many have contributed heavily to its support. So chances are most of them will follow the lead of their alma mater.

Will osteopaths have to go back to school to earn M.D. degrees? Not according to Dorothy Marsh, D.O., president of the California Osteopathic Association. Says she: "If the present merger plans go through, the Los Angeles osteopathic college will grant an M.D. degree to any California D.O. who holds

an unrevoked Physicians and Surgeons certificate issued by the California Board of Osteopathic Examiners. The D.O. will receive his new degree after a one-year waiting period. By then the school will be medically accredited."

The fact that most California D.O.s already meet these requirements may induce many of them to join up with medicine. Those who don't meet the requirements may be reluctant to give up a going practice and go back to school for a long period. As one osteopath remarks: "No M.D. degree would be worth that."

What does the A.M.A. think

this is what Allbee with C is made of!

Berg-

eeds!

Osteosident

we're

ing to

and ed by

Osteo-

D.0.

e aft-

eriod.

fornia

e re-

licine

e re-

ant to

nd go eriod. : "No

worth

think

1961

A. H. Robins Company, Inc. Richmond 20, Virginia

rboflavin (B.) mononitrate calcium pantothenati no folic nicotinamide acid 50 mg. pyridoxine HCI (B.) 5 mg ascorbic a close acid knit, (vitamin C) 300 mg. 31 ami

Notable Success with VISTARIL...

allays anxiety without impairing reduces narcotle requirements and incidence of narability to cooper-ate during labor and delivery¹ cotic-induced retension spiratory depression, helps control emesis 1,4 anxiety in the allays anxiety without adverse helps correct cercardiac tain functional influence on blood pressure² arrhythmias, does not increase gas-tric secretion² or the hypertensive patient allays anxiety — makes patient more manage-able³ produces no sig-nificant depression of blood pressure, pulse problem rate, or respiradrinkers tion. No liver involvement reported allays anxiety without depres-sion of vital func-tions⁴ reduces incidence of narcotic-inin duced respiratory preoperative depression and hypotension, retension laxes skeletal muscle, smooths recovery and and anxiety helps control emesis⁴ avoids danger of allays tension in agitated, hyperliver damage or other untoward kinetic patients pediatrics reactions

Referencés: 1. Benson, C., and Benson, R. C. Scientific Exhibit, Illinois Acad. Gen. Practice, Sept. 1960. 2. Salmons, J. A.: Dis. Chest 38:105, 1802. 3. Major, R. A.: GP 21:104, 1960. 4. Grady, R. W., and Rich, A.L.: Scientific Exhibit, Am. Soc. Anesth. New York, Oct. 4-7, 1960.

rcotic

ed re-

ional

o sig pres bool pulse spira-liver nent

idenue ic-iniratory letal nooths and ntrol

on, R. C: ice. Sept. 05, 1960. ly, R. W. . Anesth.

ger of ge of oward

Vistaril is hydroxyzine pamoate. The hydrochloride salt of hydroxyzine is used in the parenteral Vistaril acts rapidly in the symptomatic treat-

ment of a variety of neuroses and other emotional disturbances manifested by anxiety, apprehension or fear-whether occurring alone or complicating a physical illness. Used preoperatively and prepartum, Vistaril controls anxiety and fear, permits a substantial reduction in the amount of meperidine or other narcotic required for satisfactory analgesia, and helps prevent emesis. Vistaril's calming effect usually does not impair discrimination, and is accompanied by direct and secondary muscle relaxation. No toxicity has been reported with Vistaril, and it has a remarkable record of freedom from reactions

INDICATIONS: Vistaril is clinically effective in anxiety and tension states, senility, anxiety associated with various disease states, alcoholism, preand postpartum and pre- and postoperative tension and emesis, certain functional arrhythmias,

and pediatric behavior problems.

ADMINISTRATION AND DOSAGE: Dosage varies with the state and response of each patient, rather than with weight and should be individualized by the physician for optimum results. Recommended oral dosage: In anxiety and tension states, senility, alcoholism, pre- and postoperative and pre- and postpartum tension and emesis: up to 400 mg. daily in divided doses. In anxiety associated with asthma, neurodermatoses, menopausal syndrome, digestive disorders, functional or essential hypertension, tension headaches: 50 mg. q.i.d. initially—adjust according to response. In cardiac arrhythmias: initial-25 mg. q. 6 h. until arrhythmia disappears; maintenance or prophylactic — 50-75 mg. daily in divided doses. In pediatric behavior problems under 6 years: 50 mg. daily in divided doses. Six and over: 50-100 mg. daily in divided doses. Recommended parenteral dosage: In preoperative, obstetrical, and more emergent situations in other indications: 25-100 mg. I.M. or I.V. q. 4 h., p.r.n. In cardiac arrhythmias: 50-100 mg. I.M. stat, and q. 4-6 h., p.r.n.; maintain with 25 mg. b.i.d. or t.i.d.

SIDE EFFECTS: Drowsiness may occur in some patients; if so, it is usually transitory, disappear-ing within a few days of continued therapy or upon reduction of dosage. Dryness of mouth may be encountered at higher doses.

PRECAUTIONS: The potentiating action of hydroxyzine should be taken into account when the drug is used in conjunction with central nervous system depressants. Do not exceed 1 cc. per minute I.V. Do not give over 100 mg. per dose I.V. Parenteral therapy is usually for 24-48 hours, except when, in the judgement of the physician, longerterm therapy by this route is desirable.

SUPPLIED: VISTARIL Capsules (hydroxyzine pamoate)—25, 50, and 100 mg. VISTARIL Oral Suspension (hydroxyzine pamoate)—25 mg. per 5 cc. teaspoonful. VISTARIL Parenteral Solution (hydroxyzine hydrochloride)-10 cc. vials, 25 mg. per cc.; 2 cc. ampules, 50 mg. per cc.

tranquilization -Vistaril∙

for successful

ORAL / HYDROXYZINE PAMOATE PARENTERAL/HYDROXYZINE HYDROCHLORIDE

effectively allays anxiety

no reported incidence of liver damage, respiratory depression or addiction.

exerts helpful antiemetic. antisecretory, antipruritic effects

> Science for the world's well-being®

> > Pfizer

PFIZER LABORATORIES Division.

Chas. Pfizer & Co., Inc. Brooklyn 6, New York

... Your associates



"M.D.s are covering up their most important objective," in sists Richard Eby, D.O., leader of the anti-merger faction. "If this merger succeeds, "they'll eliminate future D.O. licensing in California so that new D.O.s won't be able to practice here."

of the merger? The American Osteopathic Association has made its views clear by drumming its rebel California chapter out of the ranks. But the A.M.A. has remained curiously silent. "Our dealings with the A.M.A. on this subject are confidential," says California Medical Association President Paul D. Foster, M.D. "But one thing is certain: If the A.M.A. weren't in accord with this, we wouldn't be doing it."

What will M.D.s and D.O.s gain by joining forces? For osteopaths, the move will mean more opportunities. For one thing, they'll expect to join more hospital staffs. "Of course,

this will take time," says Dr. Pollock. "A hospital extends staff privileges to a man, not to a profession. We can't make a hospital take on anybody."

Admission to all medical postgraduate courses will be another advantage for D.O.s. "The way it is now," says one San Francisco osteopath, "I have to go all the way to Los Angeles to take a P.G. course."

Still another advantage will be the opportunity to consult with M.D.s. Here again, though the opportunity won't come all at once. "To say that D.O. training is equivalent to ours is fastasy, not fact," declares one California medical man. "H



objective: full term fetus

Angele

age will

, though

come al

rs is fan-

ares on

nan. "If

24, 1941

complication:

threatened abortion

indicated:

Provora

Here are five reasons why:

- Provera is the only commercially-available oral progestational agent that will maintain pregnancy in critical tests in ovariectomized animals.
- It is four times as potent (by castrate assay) as any other progestational agent.
- . No significant side effects have been encountered.
- It is available for both oral and parenteral administration.
- Provera gives the economy of effective action from small doses.

Brief Basic Information

Oral Provera* Deno-Provera**

	- in it is is in it	peharlanda
Description	Upjohn brand of medrexy- progesterone acetate.	Aqueous suspension. 50 mg. Provera per cc., for intramuscu- lar injection only.
Indications	Threatened and habitual abortion, infertility, dysmenorrhea, secondary amenorrhea, premenstrual tension, functional uterine bleeding.	Threatened and ha- bitual abortion, en- dometriosis.
Desage Threatened abortion	10 to 30 mg, daily until acute symptoms subside.	50 mg. 1, M. daily while symptoms are present, followed by 50 mg. weekly through 1st trimes- ter, or swill fetal viability is avident.
Habitual abortion 1st trim.	10 mg, daily.	50 mg. I.M. weekly.
2nd trim.	20 mg. daily.	100 mg. l.M. q. 2 wks.
3rd trim.	40 mg, daily, through 8th month,	100 mg. 1.M. q. 2 wks. through 8th month.
Supplied:	2.5 mg. scored, pink tab- lets, bottles of 25; 10 mg. scored, white tab- lets, bottles of 25 and 100.	Sterile aqueous sus- pension for intra- muscular use only. 50 mg. per cc., in 1 cc. and 5 cc. vials.†

Precautions: Clinically, Provera is well tolerable. No significant unloward effects have been reported. Animal studies show that Provera possesses adrenocritical-like activity. While such adventfrequency of the provera continuously for protonged periods receiving large doses of Provera continuously for protonged periods should be observed closely. Likewise, large doses of Provera have been found to produce some instances of tenale tetal masculinization in animals. Although this has not occurred in human beings, the possibility of such on effect, particularly with large doses over Provera. Antenietistand. Johns on the province of the provinc

Provera, administered alone or in combination with estrogens, should not be employed in patients with abnormal uterine bleeding until a definite diagnosis has been established and the possibility of genital malignancy has been eliminated.

of gentlements of the province of the province

"I've lost twelve pounds, Doctor. Now, may I start eating.

"crash diets" do <u>not</u> solve the basic patient problem: habitual overeating

In the treatment of chronic obesity, "fad diets" are not the answer. Your patients may suffer adverse somatic as well as psychic effects from alternating weight loss and gain. At the conclusion of a "crash-diet" program, the patient often falls back into familiar habits of overeating. The problem, therefore, remains the same.

The process of eliminating pounds in the chronically obese should be gradual. To accomplish this, obviously, new patterns of eating must be established.

BAMADEX tablets help the patient be satisfied on a diet which will cause him to lose weight. BAMADEX tablets combine two specific agents to overcome the habitual overeating in the chronically obese... the outstanding appetite suppressant, d-amphetamine, balanced with the tranquilizer, meprobamate. BAMADEX tablets help the recalcitrant patient keep within his prescribed caloric limits. It does this by curbing between-meal hunger, fatigue, nervousness, insomnia, and dizziness.

BAMADEX

which may lead to failure in diet reduction.

helps them to help themselves to less!

minni with d-amphatamine sulfate Ledorla

TARLETS

BAMADEX Tablets: Each coated tablet (pink) contains: d-amphetamine sulfate, 5 mg.; meprobamate, 100 mg. desage: 1 tablet one-half to one hour before each meal. Higher dosage may be required in certain cases. precautions: Use with caution in patients hypersensitive to sympathomimetic compounds, who have coronary or cardiovascular disease, or who are severely hypertensive. supplied: Bottles of 100 and 1,000.

Request complete information on indications, dosage, precautions and contraindications from your Lederle representative or write to Medical Advisory Department.



t eating

to combat the three-pronged assault of urinary tract infections -bacteriuria-tissue infection-discomfort

RRIE

1, 250

nylaz

tilable on

Medical

UROBIOTIC

COSA-TERRAMYCINO-SULFONAMIDE - ANALGESIC

Only UROBIOTIC contains: OXYTETRACYCLINE (with glucosamine for enhanced absorption) — notable for its wide tissue distribution, high urinary concentration, excellent toleration and proven antibiotic effectiveness against even so troublesome an invader as Pseudomonas; SULFAMETHIZOLE — an unusually soluble, highly active sulfonamide; PHENYLAZO-DIAMINO-PYRIDINE—for effective local analgesia.

Science for the world's well-being®



PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

ort

sa-

sue

ra-

SO

HI-

de;

sia.

w York

EDIENTS: Each Urobiotic capsule hins 125 mg. Terramycin® (oxytetycline) with 125 mg. glucosamine 1,250 mg. sulfamethizole, and 50 mg. sylazo-diamino-pyridine HCl.

ICATIONS: Urobiotic is indicated in treatment of a number of common iterinary infections caused by sustible organisms. It may also be used phylactically before and after geniriaary or pelvic surgery, following trumentation procedures, during the of retention catheters, and in parts with conditions such as cord dder or cystocele.

sAGE: In adults, a dose of 1 or 2 caples four times daily is suggested, pending upon the severity and reone of the infection. In children 60 100 lbs., the suggested average dose 1 capsule four times daily; in chilen under 60 lbs., 1 capsule three times ly. Therapy should be continued for simmum of 7 days or until bacteriotic cure is effected in acute urinary et infections.

TRAINDICATIONS: Urobiotic may be atraindicated in patients with chronic merulonephritis, hepatitis, hepatic lure, uremia, and obstructive lesions the urinary tract, and should not be d in patients sensitive to any of its moments,

ECUTIONS: The use of broad-specmantibiotics may, in rare cases, retin an overgrowth of nonsusceptible gaisms, such as monilia or staphycoei. Should such superinfection tur, therapy with Urobiotic should be continued and specific therapy instited as shown by susceptibility testing. e use of sulfonamides may cause renal ratiluria or skin rash, as well as other tic or sensitivity reactions. If any of secur, discontinue use.

PriED: Urobiotic capsules, yellow-

m detailed professional information while on request.

... Your associates

D.O.s want to be M.D.s, why don't they go to medical schools in the first place? I'll tell you why. Either they can't get in or they want a different kind of training. You won't catch me consulting with them."

A Los Angeles M.D. takes the opposite view. "I'll welcome the merger—and any D.O. who participates in it," he says. "California osteopaths have had wonderful training."

For M.D.s who feel this way, the merger will solve a tricky problem in medical ethics. As public acceptance of osteopathy grows, more and more M.D.s find it embarrassing to avoid voluntary relations with D.O.s This is especially true in Cali-

laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes Editor, Medical Economics, Inc., Oradell, N.J.

... Your associates



Does the A.M.A.'s "cult" label apply to California osteopaths? "No," says Wayne Pollock, M.D., co-chairman of the merger committee. "I'm no judge of D.O.s in other parts of the country, but here they embrace the same concepts as M.D.s."

fornia, where one out of ten physicians is an osteopath.

Here's how one M.D. sums up the problem: "In the public interest, we ought to be helping D.O.s in every way—by teaching them, consulting with them, and working with them in their hospitals and clinics. But, except in emergencies, medical ethics forbid this. We haven't been able to change medical ethics, but we may be able to change the status of D.O.s. We may make medical colleagues out of them yet."

This is one goal the merger forces have set. It's expected the unification package will contain an agreement to work for state legislation that will eventually eliminate licensing of D.O.s in California. The plan is to abolish the Board of Osteopathic Examiners, appoint a former D.O. to the Board of Medical Examiners, and issue only M.D. licenses from then on.

On May 3, the state medical association meets to vote on the merger terms. After that, the proposal goes to a meeting of the state osteopathic association during the third week of May. If the plan survives both encounters—as now seems likely—chances are that most rankand-file D.O.s in California will eventually emerge as medical men.

(r.) p

Noctec.

AND THE REST IS EASY! Noctec (Squibb Chloral Hydrate) invites refreshing sleep-gently, safely.

Desage: Adults-1 or 2 (500 mg.) (7½ gr.) capsules or 1 or 2 teaspoonfuls of Noctee Solution 15 to 30 minutes before bedtime. Children-for hypnosis-25 mg. per lb. of body weight; for relation, 5 to 10 mg. per lb. of body weight.

Supply: 500 mg. (7½ gr.) and 250 mg. (8½ gr.) capsules. Solution, 500 mg., (7½ gr.) per 5 cc. teaspoonful.

WITED B IS A SQUIES TRADEHARK.

label paths? llock, mergige of counce the

O.s in abolpathic former fedical w M.D.

medirote on r that,

ssociaeek of es both

t rank-

ia will

edical

4, 1961

END

For full information, see your Squibb Product Reference or Product Brief.



SQUIBB Squibb Quality-the Priceless Ingredient



Potassium Penicillin V versus semi-synthetic penicillin

Recent clinical evidence sheds new light on some important questions...

Q. Which of the two oral penicillins provides greater antibacterial activity?

In a follow-up study! of oral penicillins, McCarthy and Finland compared the antibacterial activity of potassium penicillin V and semi-synthetic penicillin. They said: "Penicillin V provided greater activity than phenethicillin [semi-synthetic penicillin] against the streptococcus and pneumococcus, at least equivalent activity against the staphylococcus and sarcina in the serum and the same or greater activity in the urine . . ."

In another study², Griffith found that penicillin V not only produced peak levels of serum antibacterial activity faster, but produced values almost half again as high as those obtained with semi-synthetic penicillin.

A direct laboratory comparison³ by Abbott scientists revealed a measurable difference in activity, milligram for milligram, between the two penicillins *in vitro*. Against four pathogenic strains (staphylococcus, streptococcus, pneumococcus, and corynebacterium species), potassium penicillin V exhibited from two to eight times the antibacterial activity of semi-synthetic penicillin.

Q. How valid are blood levels as a basis for comparison?

In comment on the two penicillins, McCarthy and Finland state!
"Thus, although the claim of better absorption and excretion

and higher serum level of phenethicillin may be partly correct, strictly speaking, this is true in a very restricted sense and is therapeutically meaningless. Indeed the claim is misleading since it clearly implies greater antibacterial and presumably curative activity, which, in fact, the drug does not possess..."

Q. Are there useful differences in resistance to penicillinase?

In another recent report, Geronimus commented: "Very large concentrations [of semi-synthetic penicillin]... were required to inhibit even so-called moderately penicillin-resistant staphylococci when populations were employed that approached those found in vivo. Inferences regarding the possible effectiveness of phenethicillin in infections by penicillinase-producing staphylococci drawn by others from experiments with relatively minute inocula were found to be unwarranted."

McCarthy et al.⁵ reached a similar conclusion: "Both of these penicillins [potassium penicillin V and phenethicillin] are qualitatively similar to penicillin G in their susceptibility to penicillinase produced by Staphylococcus aureus."

At Abbott, investigators studying the same subject³ found that the rate of destruction of all three penicillins was so great that any differences were of no therapeutic significance.

Q. How does the safety of oral penicillins compare?

While surveys⁶ have established that oral penicillin produces fewer and less severe reactions than does injectable penicillin, to date no clinical studies have produced any evidence that one oral form is less allergenic than another.

Q. What are the benefits of Compocillin-VK?

Compocillin-VK is Abbott's potassium penicillin V. It offers early, high concentrations of serum antibacterial activity against penicillin-sensitive organisms. Following appropriate doses, initial activity levels are higher than those obtained with intramuscular penicillin G. Available in easy-to-take forms for any age: tiny Filmtab® tablets, 125 mg. and 250 mg.; or as granules for tasty cherry-flavored Oral Solution.

COMPOCILLIN:VK



(POTASSIUM PENICILLIN V

McCarthy, C. G., and Finland, M., New England J. Med., 263:315, Aug. 18, 1960.
 Griffith, R. S., Antibiot. Med. & Clin. Therapy, 7:129, Feb., 1960.
 J. Laboratory Records, Microbiology Dept., Abbott.
 4. Geronimus, L. H., New England J. Med., 263:315, Aug. 18, 1960.
 5. McCarthy, C. G., Hirsch, H. A., and Finland, M., Proc. Soc. Exper. Biol. Med., 103-177, Jan., 1960.
 6. Welch, H., Lewis, C. N., Weinstein, H. I., Boeckman, B. B., Antibiotics Annual, 1957-58, p. 296.

llin

ns . . .

nland

lin V

vided

cillin

valent m and

only

r, but

1 with

vealed

m, be-

ogenic s, and

from thetic

state1:

Buying an older house? Check these trouble spots

Do you know what to look for in evaluating an old house? Most buyers don't, and so they sometimes get stuck with a lemon, according to Arthur Tauscher of Home Inspection Consultants in New York City. Your chances of making a sound investment are better, he says, if you check for these defects:

1. Inadequate house wiring. If the house is more than thirty-

five years old, its electrical system may be deficient. You'll want to be able to run your 230-volt household appliances without strain. So have an electrician check the "service entry," fuse box, and wiring circuits.

2. Water seepage. In most older homes the masonry foundation walls are apt to have some leakage. Water stains are clues to this condition. Waterproofing can cost \$1,000 or more.

3. Weakened structure. Many

85% Effective IMPOTENCE and Fatigue in Men

1960. 7. Milhoan, A ual vs. Homosexual State Med. Jour. (Ap 1958. 8. Strosberg, Female Senility, N. State Jour. of Med. (March) 1953. Liberature Available PHARMACEUTICALS — PINE STATION, ALBANY 3, N. Y.

GLUKOR . . .

the original synergistically fortified chorionic gonadotropin (contains Chorionic Gonadotropin, Thiamin Hydrochloride, L (+) Glutamic Acid), Dose 1cc 1M, 10cc and 25cc Vials.

PUBLISHED ARTICLES ON GLUKOR:

1. Gould, Wm. L.: A New Therapeutic Approach to Aging, Clin. Med. (July) 1957. 2. id,: Impotence, Med. Times (March) 1956. 3 id,: Male Climacteric, Med. Times (March) 1951. 4. id,: Male Senility, Med. Times (October) 1951. 5. Browning, Wm. J.: Male Climacteric & Impotence, Int. Rec. Med. (Nov.) 1960. 6. Robinson, H. R.: Gonadal Stimulation for Impotence, Med. Rec. & Annals (April) 1960. 7. Milhoan, A. W.: Heterosexual vs. Homosexual Hormones. Tri-State Med. Jour. (April) 1958. 8. Strosberg, I.: Female Senility, N. Y. State Jour. of Med. (March) 1953. GLUKOR Literature Available

U. S. PATENT No. 2.942/00

Pati

acn

2 to

And

FOS"

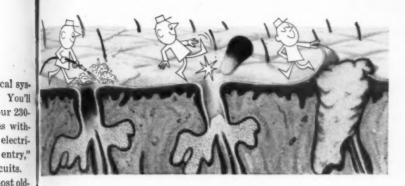
to Fo

a new

ostr

WES

D 1961



Fostex treats pimples · blackheads · acne while they wash

degreases the skin helps remove blackheads dries and peels the skin

Patients like Fostex because it's so easy to use. Instead of using soap, they simply wash acne skin with Fostex Cream or Fostex Cake 2 to 4 times daily.

Fostex contains: Sebulytic® base (unique, penetrating, surface-active combination of soapless cleansers and wetting agents*) with remarkable antiseborrheic, keratolytic and antibacterial actions . . . enhanced by micro-pulverized sulfur 2%, salicylic acid 2% and hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfoauccinate.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake. Supplied: Fostex Cake-bar form. Fostex Cream-4.5 oz. jars. Also used as a therapeutic shampoo in dandruff and oily scalp.

And...since continuous 24-hour drying and peeling of acne skin is essential, FOSTRIL (a new, flesh-tinted drying lotion) should be used once or twice daily in addition b Fostex therapeutic washings. Fostril® contains Liposec® (polyoxyethylene lauryl ether), anew, surface-active drying agent used for the first time in acne treatment. This agent, micropulverized sulfur and a zinc oxide, talc and bentonite base, provides fostril with excellent drying properties. Fostril also contains 1% hexachlorophene. Analable: Fostril, 11/2 oz. tubes. Fostril-HC (1/2% hydrocortisone) 25 gm. tubes.

WESTWOOD PHARMACEUTICALS

Buffalo 13, New York

peutic 1957. March) Times enility, wning, tence, tobinr Impril)

KOR:

cuits.

founda-

re some re clues

rproofore. . Many

BEX-Cri-OR

10. 2,943,8 24, 1961 keep the arthritic woman in motiv



motiwith the first total anti-arthritic therapy

More than just anti-inflammatory therapy done...Delenar stops rheumatic inflammation, with the more active corticosteroid, Deronil... and Delenar relaxes painful muscle spasm with a proved muscle relaxant ...ord Delenar quickly relieves motion-stopping pain with better tolerated aluminum aspirim...for comfortable restoration of motion. 12

Now you can restore motion safely, surely with

osteoarthritis, rheumatism, spondylitis, fibrositis, myositis, chronic fibromyositis.

Formula:

DERONIL* (Dexamethasone) 0.15 mg. lowest dosage anti-inflammatory steroid

DELENAR in mild rheumatoid arthritis, early 1. Ernst, E. M.: Pennsylvania M. J. 63:708 (May) 1960. / 2. Settel, E.: Clin. Med. 7:1835 (Sept.) 1960. prescribe Delena anti-inflammatory relaxant analgesic

01-26

WARNING

Salesmen of several so-called publishers' service companies and bookkeeping record companies have been representing themselves to physicians as having a connection with Medical Economics, Inc. They have been offering "subscriptions" to MEDICAL ECONOMICS and "consultation services" by the magazine's staff. Such offers constitute out-and-out misrepresentations or fraud. Medical Economics. Inc., employs no subscription salesmen, offers no magazine subscription package deals, sells no consultation service. Therefore, any physician who is asked by a salesman in the name of Medical Economics. Inc., to buy any service whatever is urged to notify both his local Better Business Bureau and Medical Economics, Inc., Oradell, N.J.

older houses were built with wood supporting columns embedded in soil. The columns may have rotted, shrunk, or become infested with termites. You'll need a contractor or building expert to help you check on these.

4. Plumbing and heating defects. Low water pressure and leaks indicate plumbing headaches ahead. And if the house had an old boiler that was converted to oil or gas, better be prepared for the not-so-distant day when you'll need a new heating plant.

5. Faulty roof and siding. An indoor check on a rainy day will often reveal overhead leaks. From outside, look for loose or worn roof shingles. And look for wood siding that may require extensive repairs.

in lon when



aspirin buffered with the most widely-prescribed antacid...



in long-term administration, as in Arthritis, when aspirin combined with an antacid is desired:

criptin Specify the aspirin buffered with the best

To prevent or minimize gastric distress which often accompanies prolonged or high level administration of acetylsalicylic acid, ASCRIPTIN provides aspirin in combination with MAALOX®, the preferred professional antacid. The recognized superiority of MAALOX makes ASCRIPTIN a superior aspirin-antacid, with the virtues of buffered aspirin and with the added distinction of being promoted professionally only.

Indicated wherever salicylates are useful, ASCRIPTIN is particularly suited to the long-term requirements of your arthritic patients.

Supplied: Bottles of 100 and 500 tablets. For severe pain-Capsules ASCRIPTIN with Codeine (codeine phosphate 15 mg.), bottles of 50.



tΝ

ay ne

ng on 10nel dse nbe

nt W

ln

ill S. OF

ok

·e-ND

How Kennedy strategists plan to put over his health program

By Robert L. Brenner

"Don't underestimate the pressure President Kennedy can bring to bear on Congress to get his health care program passed. If he really tries, he can swing one hell of a lot of votes."

A top-echelon medical spokesman told me that. He's one of dozens of key men in Washington with whom I've recently talked. They include Congressional leaders in both parties, labor union officials, and men in the Washington offices of the A.M.A. and the A.H.A. I asked them the question that concerns doctors everywhere right now: What's the outlook for the bill to provide health care for the aged through Social Security?

No responsible political observer wants to predict flatly at this point whether Congress will pass such a bill this year. But my informants have given me a clear blueprint of the strategy the Administration and its backers will use in an attempt to get their bill passed. In the crucial eight to twelve weeks ahead, the success or failure of these strategic moves will have a profounder effect on medicine's future than any political battle since the fight over the Wagner-Murray-Dingell bill in the late 1940s.

The backers of Social Security-paid care for the aged have already completed one key move by offering a much less liberal bill than they did in previous years. Unlike the often-rejected Forand proposal, this year's

Reports

How to improve blood pressure response to thiazide diuretics... with lower dosage...please turn page

le

in d. ve

er

u-

ve al

Also reported in this documentary section:

- Physicians evaluate new agent for allergy and pruritus in 6181 patients
- Clinician confirms low androgenicity of new anabolic agent

Anderson-King bill would require the aged to pay a sizable deductible toward the cost of both hospital and out-patient diagnostic care. Furthermore, it wouldn't cover doctors' bills at all. Both these features were aimed specifically at winning over Congressmen who feared that the Forand bill would cost too much.

Supporters of Anderson-King legislation see two other far-

reaching reasons for omitting coverage of doctors' bills. "We think this will weaken the opposition of doctors themselves in the long run," one supporter told me frankly. "For one thing, it will destroy the argument that our program will lead to Government control of medical practice. We can hardly be accused of trying to dictate doctors' treatment methods when we aren't even covering their

with

During trea with 50 mg.

ring trea th 25 mg. drochlore

the The



"Instead of the usual lub-dub, I'm getting a crazy fizz-wiffiel"

Medical Economics, April 24, 1961



P.K.'s blood pressure response improved with less thiazide—when Singoserp® was added



ng

ves ter ng, ent to

ac-

oc-

hen

eir

Photos used with pormission of the patient.

P. K., a postal employee, had marked blood pressure elevation (average, 218/139 mm. Hg), Grade II to III fundi. He had taken whole root rauwolfia without response. On chlorothiazide and mecamylamine, the patient's blood pressure dropped to near-normal levels (average, 140/104 mm. Hg), but he complained of numerous side effects including nocturia. Adding Singoserp to the regimen permitted elimination of mecamylamine, ½ reduction in chlorothiazide dosage. Blood pressure reached even lower levels than previously (average, 120/94 mm. Hg), changes in fundi were reversed to Grade I, and side effects were no longer present.

Study* shows Singoserp decreases thiazide dosage, increases control of blood pressure, improves symptomatic response in 63 hypertensive patients

	Average Blo	Side Effects						
	(mm. Hg)		Dyspnea		Dizziness		Headache	
	Systolic	Diastolic	No.†	%	No.t	%	No.t	96
Before treatment	187	111	36	57.2	45	71.5	48	76.2
During treatment with 50 mg. hydrochlorothiazide b.i.d.	162	96	12	19.1	18	28.5	12	19.1
During treatment with 25 mg. hydrochlorothiazide plus 1 mg. Singoserp t.i.d.	154	88	9	14.3	6 (Ad	9.5	1 from Ba	1.6

Number of patients

1961

Bare, W. W.: J. Am. Geriatrics Soc. 8:796 (Oct.) 1960.

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Singoserp.

fees. On the other hand, if the bill does pass without covering doctors' care, it won't be long before doctors start trying to get their fees included in the program. They'll be treating many of the aged for free while hospitals, nursing homes, and everybody else gets paid for it. Once doctors themselves start asking to be included, the A.M.A.'s opposition to the program is bound to crumble."

Refore Loutline the other

strategic moves to look for from the Administration forces in coming weeks, let's analyze the three chief hurdles they have to clear:

The opposition of the House Ways and Means Committee. This committee normally must approve all tax measures before they can come before the House or Senate. It rejected the Forand bill last year, seventeen votes to eight. How the count would come out if the commit-

tee v King you l

"T sure ' tee m the F our m that s nine v jority.

But the Fo we've

ets ne

How to choose the form of Forhistal* best suited to your patients with allergy or itch

Lontabs® - for sustained therapeutic effects up to 12 hours, without peaks of overdosage or periods of inadequate dosage.

Tablets - for prompt relief of allergy and itching when prolonged therapeutic effects are not needed.

Syrup - for children and adults who prefer liquid medication. Forhistal Syrup is slightly sweet, but without distinct flavor. Thus, the problem of taste preference is avoided.

Pediatric Drops-ideal for young children and infants. Slightly sweet, unflavored Forhistal Pediatric Drops can be readily mixed with formula, milk, fruit juices, cereal, etc. A calibrated dropper insures precise dosage.

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Forhistal.



tee were to vote on Anderson-King today depends on whom you believe:

om

in

the

e to

1180

ee.

ust

ore

use

or-

een

unt

mit-

"There are still only eight sure votes for it," one committee member who voted against the Forand bill told me. "One of our men may have switched, but that still leaves them with just nine votes—four short of a majority."

But a member who voted for the Forand bill says: "I think we've got ten votes for Anderson-King right now, so we need only three more for a majority. We'll get them." Both sides agree, however, that counting committee noses means little at this point.

► The opposition of Committee Chairman Wilbur D. Mills. Administration forces will find him a formidable hurdle. This Arkansas Democrat has steadfastly resisted all Social Security medical care proposals. This year, despite the reported urg-

Report

On Doriden,® tense hospitalized patient gets needed sleep and awakes refreshed



In 2's sleep problem was solved without

Doriden was prescribed for Mrs. A. Z. from her first night in the hospital to and including the night before a scheduled thyroidectomy. The patient was continued on Doriden from the day after surgery until her discharge the sixth postoperative day.

Result of Doriden therapy: The patient slept about 7 hours each night, awoke refreshed and without aftereffects. She stated, "That was good because I usually don't sleep very well." Her physician reports that Mrs. Z.'s response to Doriden was "fine."

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Doriden. Photo used with permission of the patient.

3/193346

Allergy and pruritus treated with new Forhistal*...a report on 6181 cases

Following initial clinical investigational work, Forhistal was sent to physicians throughout the country for evaluation as an antiallergic and antipruritic agent in everyday practice. Results in 6181 cases reported have now been analyzed. In 3419 cases a comparison was made between Forhistal and previous therapy. Results are shown below.

Information about the investigational work done previously is being mailed to you and is also available on request.

Compared with previous therapy

Forhistal rated better in 7 out of 10 cases of allergy and/or pruritus

Number of cases: 3419
Forhistal better
71.3%

Forhistal same
23.3%

Previous therapy better
6.4%

Response to treatment in allergic and/or pruritic disorders

Marked to moderate relief in more than 8 out of 10 cases Forhistal brings marked to moderate relief of allergic and/a pruritic symptoms in 5250 out of 6181 patients

	No. of	RELIEF				
Diagnoses	Cases		Stight	None		
Respiratory Allergies	3333	2790 (83.75)	328 (9.85)	215 (6.5		
Allergic Dermatoses	1898	1624 (85.65)	163 (8.6%)	111 (5.0		
Pruritus	848	734 (86.6%)	72 (8.5%)	42 (4.9)		
Miscellaneous	102	82 (80.45)	10 (9.85)	10(9.8		
Totals	6181	5230 (84.65)	573 (9.35)	378(6.19		

Side effects

None reported in 9 out of 10 cases



See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Forhistal.

Mer Rital the first w my natura

ing

self.

fuse

iust

comi

ing

enou

kill t

to b

Hous

mitte

ber w

If

See the 1 informatio

Medica

ing of President Kennedy himself. Representative Mills refused to introduce the Anderson-King bill in the House. "He just doesn't like it," admits one committee member who's backing the bill.

ergio

elow.

beingi

5 (6.5

1 (5.8

2 (4.96)

0(9.8

8 (6.19

on for

If his dislike is strong enough. Mills could effectively kill the bill by simply refusing to bring it to a vote in the House Ways and Means Committee. But a committee member who favors the bill told me:

"I don't think Mr. Mills will go that far. I believe he'll at least let the bill come before the committee, so the will of the majority can be done."

Probably the soundest comment on Mills' eventual position was made by an A.F.L.-C.I.O. executive: "I won't try to predict what Congressman Mills will do," he told me, "Frankly, I don't think even he knows at this point."

► Congress' continued resist-



Sefere Ritalin: "I felt tired and distracted...just couldn't get anything



r Ritalin: "I noticed the difference the first week ... I was able to work at my natural rapid pace."

Report

R.G. is active again... postviral fatique overcome with Ritalin®

R. G., a real estate broker, made what seemed to be an uneventful recovery from viral pneumonitis. However, reports his physician, when the patient was permitted to resume his usual strenuous activities, "...he complained of easy fatigability and weakness."

Unaccustomed to enforced inactivity, R. G. became depressed. His physician prescribed Ritalin. In one week, the patient's work capacity improved. The physician notes, "His general attitude changed to one of optimism."

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions and side effects of Ritalin.

ance to any major innovation. Despite the earlier predictions of some liberals, no rush has developed in Congress thus far to accompany the President to his New Frontier. By the end of March, the only parts of his program Congress had approved were temporary bills to extend unemployment benefits and to aid children of unemployed parents. Before the Administration can put over the most controversial part of its program—

the Anderson-King bill—it will have to change this general attitude in Congress.

Formidable as these hurdles may seem, the Administration has an arsenal at its command that's just as formidable. Here are some of the big guns it can bring to bear in coming weeks to help put over the Anderson-King bill:

1. President Kennedy's personal popularity. "The latest Gallup Poll shows that 72 per cent onedy labor
"That

Eisendhis podent is tain public and mother communicable to

Compai most far The tissue erally presuperior

AI

Compound Disnabol Industrian Industrial Industrial Industrial Industrial Industrial Industrial

athinyl-nor androsteno 4-chloro tes fuonymeste wante, F.; Milliando, F.; Milli

Medical



Before Dianabol:

Patient R.C. was weak and emaciated following surgery to close perforated ulcer. Low-fat diet and multiple-vitamin therapy failed to build hlm up sufficiently for further necessary surgery (cholecystectomy).

Photo used with permission of the patient.

After 4 weeks of oral therapy with Dianabol:

Patient had gained 16 pounds of lean weight. Biceps increased 1½". His muscle tone was improved; he felt much stronger. Mr. C.'s physician reports: "He tolerated cholecystectomy very well and one week postop fell better than he has in the past 2 years."

cent of the country thinks Kennedy is doing a good job," one labor leader pointed out to me. "That's three points better than Eisenhower got at the height of his popularity." And the President is doing his best to maintain this popularity through public press conferences, TV and magazine interviews, and other dramatic uses of the vast communications network available to him.

will

lles

ion

and

ere

can

eks

on-

er-

per

re-

omy

felt

18."

961

A New York Times corre-

spondent said of these tactics recently: "This is the kind of work that changes the mood of Congress more impressively and lastingly than any amount of threatening, cajoling, and patronage favoritism." And it's precisely this popularity that some medical leaders fear.

2. Powerful support in the Senate. Senate Majority Leader Mike Mansfield made a point of telling reporters some weeks ago that he'd try to get the Sen-

Compared to 12 other anabolic agents, Dianabol® provides most favorable anabolic/androgenic ratio

The tissue-building effects of Dianabol are obtained at dosage levels that generally preclude androgenic side actions. In this respect, Dianabol has proved apperlor to 12 other anabolic compounds.*

Relative anabolic and androgenic potencies of tissue-building compounds

	Activity		Ratio of Anabolic/Androgenic
Compound	Anabolic	Androgenic	Activity
Disnabol	100	3	33
totosterone propionate	100	100	1
methyliestosterone	25	25 to 30	1
dipliestosterone	10	5	2
millylandrostenedial-	5	5	1 .
mirestenolone	90	25	3 to 4
19-nor testosterone (or nor-androstenolone)	100	10	10
methyl-nor testosterone	100	6	17
ethyl-nor testosterone	100	6	17
whinyl-nor testosterone	1	5	0.2
adrostenolone phenyl propionate	1200	120 to 150	8 to 10
4chioro testosterone	80	20	4
hoxymesterone	375	150	2.5

Tamle, F.: Minerva med. \$1:986 (March 21) 1980

(Adapted from Misurale, F.*)

For complete information about Dianabol (including dosage, cautions, and side effects), see Physicians'
Bak Reference or write CIBA, Summit, N. J. DIANABOL® (methandrostenoione CIBA) 2/2920MK

ate Finance Committee to hold hearings on the Anderson-King bill as soon as possible. What's the strategy behind holding Senate hearings on a bill that must first pass the House?

"It's one way of putting pressure on the House, particularly on the Ways and Means Committee," another Senator explained to me. "Of course, Mansfield can't actually schedule the hearings himself. Only Finance Committee Chairman Harry F. Byrd can do that. And Byrd is against the bill. But with Mansfield pushing for hearings, Byrd's colleagues on the committee may well pressure him into holding them.

"These early hearings are good strategy for two reasons," the Senator continued. "They'd clear the way for quick Senate action on any bill the House eventually passed. And they'd generally serve notice that the Senate, at least, was doing

Report

Alone or in combination, Esidrix® repeatedly proves more effective than chlorothiazide in lowering blood pressure

Reporting on a long-term comparative study of thiazide drugs in hypertensia Bryant et al* conclude as follows: "Hydrochlorothiazide [Esidrix] in doses of 75 m a day has a greater hypotensive effect than that of chlorothiazide in dosages of 75 mg. a day." Highlights of this study are presented below.

Esidrix alone more effective than chlorothiazide alone

Number	Average	Average B.P.	Average B.P.
of Patients	Control B.P. 189/109	on Chlorothiazide (750 mg./day)	on Esidrix (75 mg./day)
47	mm. Hg	171/102 mm. Hg	159/97 mm. Hg

Esidrix-reserpine combination more effective than chlorothiazide-reserpine combination

	A	A D.D. co	Average B.P.
Number of Patients 26	Average Control B.P. 192/109 mm. Hg	Average B.P. on Chlorothiazide (750 mg./day) and Reserpine (.375 mg./day)	on Esidrix (75 mg./day) and Reserpine (.3 mg./day)
		170/96 mm. Hg	161/92 mm. Hg

[&]quot;Bryant, J.M., Schvartz, N., Roque, M., Fletcher, L., Fertig, H., and Lauler, D.P.: Submitted for publication for complete information about Esidrix (including dosage, cautions, and side effects). Physicians' Desk Reference or write CIBA, Summit, N. J. ESIDRIX® (hydrochlorathiasis of Japanese.

observed pendence rarely. To dosage si Side effer rash may Doriden s Supplied: and 0.5 G

500 and

bottles of

Caution: ally dist

Doriden

FORHIS
(dimethpyr
A New A)
Description
antiallergi
relieves sy
gic and pr

ical evide patients or indications and peremisers bronchial a cially those gic dermose adema, de dermotosess to other the

Average do
6 years of
or twice da
times daily
times daily
Audiotric Dro
(0.6 ml.) 2 o

and contac

ness. Other accurred information excess initiability, faccomfort a

Reports Therapeutic Guide

porIDEN® (glutethimide CIBA) Nonbarbiturate Daytime and Night-time Sedative

And

But

for

res-

are

ns,"

nate

ouse

ey'd

the

ing

75 #

of 75

Hg

ets), I

1961

Indications and desage: Night-time Sedation: 0.5 Gm. at bedtime. May be taken again when needed but not less than 4 hours before rising. Daytime Sedation: 0.125 to 0.25 Gm, t.i.d. after meals. Preoperative Sedation: 0.5 Gm. the night before surgery; 0.5 to on 1 Gm. 1 hour before anesthesia. First Stage of Labor: 0.5 Gm. at onset of labor. May be repeated if needed.

caution: As with other sedatives, emotionally disturbed patients who may receive boriden over prolonged periods should be observed carefully for possible signs of dependence, even though this occurs only ey'd rarely. To minimize withdrawal reactions, dosage should be reduced gradually.

> side effects: Side effects are minimal. Skin ash may occur occasionally, in which case foriden should be withdrawn.

slied: Tablets, 0.25 Gm. (white, scored) and 0.5 Gm. (white, scored); bottles of 100, 500 and 1000. Tablets, 0.125 Gm. (white); helties of 100.

FORHISTAL® maleate (dimethpyrindene maleate CIBA)

autients of all ages.

A New Agent for Allergy and Pruritus Description: Forhistal is a new, low-dosage antiallergic and antipruritic agent which relieves symptoms in a wide range of allergic and pruritic disorders. Forhistal, as clinical evidence shows, is well tolerated in

cations: Respiratory allergies: seasonal and perennial rhinitis, vasomotor rhinitis, bronchial asthma, etc. Ocular allergies, especially those accompanying hay fever. Allerpic dermotoses: urticaria, angioneurotic edema, dermatitis medicamentosa, Pruritic demoloses: for relief of itching, as an adjunct to other therapy in management of atopic and contact dermatitis, etc.

Average desage: Adults and children over ars of age: Lontobs - 1 Lontab once or twice daily. Tablets - 1 or 2 tablets 1 to 3 times daily. Syrup -1 or 2 teaspoons 1 to 3 limes daily. Children under 6 years of age: diatric Drops - 0.25 mg. (0.3 ml.) to 0.5 mg. B&mi.) 2 or 3 times daily.

like effects: The principal side effect reperiod is some degree of sedation or drowsiss. Other side effects, which have curred infrequently, are dryness of mouth, mintestina! discomfort, nausea or diarhim, excessive stimulation, insomnia or tribability, dizziness, headache, bladder mfort and increased nocturia.

Supplied: Lontobs, 2.5 mg. (orange): bottles of 100. Toblets, 1 mg. (pale orange, scored); bottles of 100. Syrup (pink), containing 1 mg. Forhistal maleate per 5-ml. teaspoon; bottles of 4 fluidounces. Pediatric Drops (pink), containing 0.5 mg. Forhistai maleate per 0.6 ml.; bottles of 1 fluidounce, with droppers calibrated for delivery of 0.3 or 0.6 ml. LONTABS® (long-acting tablets CIBA)

RITALIN® hydrochloride

(methylphenidate hydrochloride CIBA)

Stimulant-Antidepressant

Indications and desage for oral Ritalin: Whenever lethargy is a problem-as in menopause, senility, oversedation, mild depression, and convalescence-Ritalin safely restores physical and mental activity within normal physiologic limits. Dosage depends upon indication and individual response. Many patients respond to 10 mg. b.i.d. or t.i.d. Others may require 20-mg. doses; in a few cases, 5-mg, doses will be adequate. Contraindication: Agitated depression. However, patients in this state have responded very well to a combination of Serpasil and Ritalin, since optimal doses of both drugs can be given with fewer side effects.

Side effects: Side effects have usually been minimal. Among complaints mentioned have been nervousness, insomnia, and a few cases of anorexia, nausea, dizziness, palpitation, headache, and drowsiness. Very rarely blood pressure and pulse changes, both up and down, have been recorded. A small number of patients, particularly those with an element of agitation, may react adversely to Ritalin; in these cases medication should be discontinued.

Supplied: Tablets, 5 mg. (yellow) and 10 mg. (light blue); bottles of 100, 500 and 1000. Tablets, 20 mg. (peach-colored); bottles of 100 and 1000.

information on the use of parenteral Ritalin (indications, dosage, cautions, and side effects) sent on request.

SERPASIL® (reserpine CIBA) Antihypertensive and

Heart-Protecting Agent

Indications and desage: Serpasil reduces blood pressure in patients with mild to moderate hypertension. It is especially useful in anxious, tense patients, and in those with tachycardia-for it exerts a calming effect, imparts a sense of well-being, and tends to normalize the heart rate. In addition, Serpasil depletes catecholamines from the heart; it may thereby protect hypertensive patients against catecholamineinduced heart damage, (turn page) or Ismelin may be added to the regimen.

Caution: During anesthesia, significant hypotension and bradycardia have been observed in hypertensive patients being treated with Serpasil. If possible, Serpasils should be withdrawn from such patients 2 weeks prior to elective surgery. If an emergency operation is required, vagal blocking agents should be given parenterally to prevent or reverse hypotension and/or bradycardia.

Because Serpasil may increase gastric secretion, it should be used with caution in patients with a history of peptic ulcer.

Side effects: The side effects of Serpasil are characteristic of all rauwolfia preparations. Because of its sedative action, some patients may experience lassitude or mild drowsiness, especially during the period when the dosage is being adjusted. This usually disappears when the optimal dosage level has been attained. Nasal stuffiness or congestion of varying degree occurs occasionally and may be alleviated by use of a suitable topical vasoconstrictor. Increased frequency of defecation and/or a tendency to looseness of stools may occur occasionally. Other side effects, rarely observed, include anorexia, headache, nausea, and dizziness.

10

A very few patients taking Serpasii have developed moderate to severe "depression." When the drug is discontinued, depression usually disappears, but active treatment including hospitalization for shock therapy has been required in some cases. Adjunctive use of mood-elevating agents such as Ritalin is often sufficient to relieve mild depression.

In general, it is preferable to administer Serpasil after meals in order to obviate the discomfort due to possibly increased gastric secretion.

Supplied: Tablets, 0.1 mg. (white), 0.25 mg. (white, scored) and 1 mg. (white, scored); bottles of 100, 500, 1000 and 5000.

Information on the use of parenteral Serpasil (Indications, desage, cautions, and side effects) sent on request. SINGOSERP® (syrosingopine CIBA)

Lowers Blood Pressure —
Usually Without Rauwolfia Side Effects

Indications and dosage: For mild to modes ate hypertension, including pre-eclampsia and essential hypertension associated with pregnancy. The suggested initial dose is 1 to 2 tablets (1 to 2 mg.) daily in single or divided doses. Some patients may require and will tolerate 3 or more tablets daily. Since Singoserp has both a gradual onset and prolonged duration of effect, a trial of at least 2 weeks with the starting dose is indicated for the proper evaluation of results. The dose for long-term maintenance therapy in most cases will range from 1/2 to 3 tablets (0.5 to 3 mg.) daily. In more resistant cases. Esidrix, Apresoline, or Ismelin may be used in combination with Singoserp-in lower dosages than when they are used alone.

Caution: Since rauwolfia preparations are known to stimulate the secretion of gastric fluids, caution should be exercised in administering Singoserp to patients with peptic ulcer and to those with histories suggestive of this disorder.

Marked hypotension has been reported in patients undergoing anesthesia while being treated with conventional rawolfia drugs. Therefore, it may be desirable to reduce or discontinue the dosage of Singoserp several weeks prior to an elective procedure.

Side effects: The side effects of Singosep are less frequent and milder than those of conventional rauwolfia drugs. Nasal congestion, usually mild, occurs occasionally and may be relieved by use of a suitable topical vasoconstrictor. Other side effects which occur even less frequently are gastric Irritation, drowsiness, fatigue, nause, headache, emotional depression, skin rash, restlessness, and anxiety.

Reports of emotional depression associated with the use of Singoserp have been rare and therefore difficult to interpres. Moreover, a number of patients manifesting symptoms of depression during treatment with conventional raworlfa drugs either have not had a recurrence of these symptoms or have actually experienced relief of them when given Singoserp in does producing adequate control of blood pressure.

Supplied: Tablets, 1 mg. (white, scored); bottles of 100 and 1000.

health Two

Mansi

Your

his fig
Assist
bert I
co-aut
son. A
phrey
mittee
and he
And o
Senato
though
of the

more c
3. T
Cohen.
the An
edly w
new A
Health,
fare, W
lowing
give an

propos

ord of

Ways as ponent "Cohe

play in

fluence

/2905#A Medical

ects

oderopsia

with

is 1 ie or quire

laily.

al of

se is

ance 1/2 to

e, or with they

are stric

d in with ories

orted while rolfia

e of

se of

connally

table fects stric

rash,

socibeen pret. ifesttreat-

irugs these d retoses pres-

red);

something about the President's health program."

Two Senate allies who'll give Mansfield powerful support in his fight for early hearings are Assistant Majority Leader Hubert Humphrey and the bill's co-author, Clinton P. Anderson. Although Senator Humphrey isn't on the Finance Committee, he co-sponsored the bill. and he wields a lot of influence. And of Senator Anderson, my Senator-informant said: "Although he's supporting many of the Administration's liberal proposals this year, he has a record of working well with the more conservative Senators."

3. The influence of Wilbur Cohen. The chief architect of the Anderson-King bill reportedly was President Kennedy's new Assistant Secretary of Health, Education, and Welfare, Wilbur J. Cohen. The following two anecdotes about him give an idea of the part he'll play in the coming fight for the bill's passage. Says a House Ways and Means Committee opponent of the bill:

"Cohen probably has more infuence with Congressmen when faced

with the problem of identifying a drug? Help is as close as your copy of PDR with the new PRODUCT IDENTIFICATION SECTION

showing color, size, shape, and company markings of some 400 tablets and capsules . . . adding new usefulness to an old standby: PHYSICIANS' DESK REFERENCE, the best friend a doctor's memory ever had.



PHYSICIANS'
DESK REFERENCE
published by
Medical Economics, Inc.
Oradell, N.J.

it comes to Social Security measures than any other nonelective official in Washington. In his fifteen or so years in the Social Security Administration, he's built up a reputation second to none as an honest technician in his field.

"Last year, when our committee was holding hearings on the Forand bill, someone mentioned Cohen's name. Representative Noah Mason, who's probably more against this legislation than anyone but Mills, put it in the record that despite his dislike for the bill, he had the utmost confidence in Cohen and in any analysis of it he gave."

And a union official says of Cohen: "He's won tremendous respect from Congressmen, because he gives them the facts even when they're unfavorable to his position. Some years back, one of the Ways and Means Committee members asked Cohen about including

PSYCHIATRY

O MEDICAL ECONOMICS

"You mean Herman is normal?"

Medical Economics, April 24, 1861

Threewith se

In

produ witho

promo of a p provio recurr

METHAK Supplied

1244

PRODUCE OF

In diaper rash-regardless of severity



Three-month-old infant hospitalized with severe diaper rash as shown



Improvement as shown three weeks after start of METHAKOTE

methakote* pediatric creme

produces prompt, often dramatic, relief and healing without resort to topical corticosteroids and antibiotics

promotes rapid healing through tissue-regenerative effect of a protein hydrolysate fortified with amino acids... provides prompt relief of discomfort...helps prevent recurrences...provides soothing and lubricating action... nonstaining, greaseless, washable

METHAKOTE pediatric creme - Borden's unique amino acid/antiseptic formula Supplied: 1½ oz. tubes and 3 oz. economy-size tubes.



Pharmaceutical Division, 350 Madison Avenue, New York 17, N. Y.

MISSIAR OF THE BORDEN COMPANY

put his the

of lous

he-

acts able ars and

ding

In over six year



Proven

Effective

Outstandingly Safe

for

... for the tense and nervous patie

Despite the introduction in recent years of "new and different tranquilizers, Miltown continues, quietly and steadfastly, gain in acceptance. Meprobamate (Miltown) is prescribed the medical profession more than any other tranquilizer the world.

The reasons are not hard to find. Miltown is a known dr Its few side effects have been fully reported. There are surprises in store for either the patient or the physician

of clinical use...

in more than 750 published clinical studies

for relief of anxiety and tension

- 1 simple dosage schedule produces rapid, dependable tranquilization without unpredictable excitation
- 2 no cumulative effects, thus no need for difficult dosage readjustments
- 3 does not produce ataxia, change in appetite or libido
- 4 does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
- 5 does not impair mental efficiency or normal behavior

Miltown

atie

ifferer

fastly

ribed

illizer

en dr

hysici

bury, N

Usual dosage: One or two 400 mg. tablets t.i.d.

Supplied: 400 mg, scored tablets, 200 mg, sugar-coated tablets; in bottles of 50.

Also supplied in sustained-release capsules . . .

Meprospan

Available as Meprospan-400 (blue-topped sustainedrelease capsules containing 400 mg. meprobamate), and Meprospan-200 (yellow-topped sustained-release capsules containing 200 mg. meprobamate).

CH-3887

policemen and firemen under Social Security, 'You're in favor of the most complete coverage possible, aren't you?' the Congressman asked.

"Coben answered: 'Yes, sir, I am. But the policemen and firemen in your home district



One big enigma is where Wilbur D. Mills, House Ways and Means chief, stands on the Kennedy health plan. He may try to keep the bill off the floor.

will raise hell if you write in that amendment. They don't want it.'

N

FI

E

IN

SE

(AVA

ave rub

ow you w shee

es, and

" 'Thank you, Mr. Cohen,' the Congressman said. 'I'll drop the amendment.'

"You see, Cohen knows the basic rule in dealing with Congressmen: Don't try to kid them. When he starts talking to them about this Anderson-King bill, they're going to listen."

The support of labor "We're going to see that public pressure for this measure gets focalized into both Houses of Congress," one top A.F.L. C.I.O. executive told me. I'd asked him what labor was going to do to help get the bill across New Ba

"The A.M.A. is trying to blus the frighten people with all those For your posters and the requests that high-fash doctors tell patients we're in for With t socialized medicine," he said "They're trying to create syntage of " thetic pressure on Congress.

"We, on the other hand, know there's a real ground swell for this thing among our members Expert fi We're going to make sure each Congressman knows it, too."

The A.F.L.-C.I.O.'s campaign is already off to a fast start.

Medical Economics, April 24, 1901



cross New Bauer & Black hosiery provide therapeutic support . . . og to plus the high-fashion appeal that assures patient cooperation

those for your patients with varicose veins, Bauer & Black introduces a new that high-fashion seamless hose (a style which over 50% of women prefer). With these hose, neither you nor your patient need compromise. They said ave rubber in every supporting strand—the only true way to provide ositive, even pressure over the veins (as opposed to the superficial preswe of "support nylons" that do more stretching than supporting). And ow your patients have a choice-sheer 51 gauge full-fashioned, or the ew sheer seamless style.

Prescribe Bauer & Black elastic stockings for your patient with varicoslies, and know she'll wear them willingly because of their high-fashion look. nbers Expert fitting at leading drug, department, and surgical stores.



in for

Syn-

know

ell for

e each 0.22

art.

. 1961

SS.

For new reference on the treatment and prevention of varicose veins by compression, write Bauer & Black, Dept. ME-4,309 West Jackson Blvd., Chicago 6, Illinois.



THE KENDALL COMPAN



A key strategist in the bid to put across Kennedy's health program is H.E.W.'s Wilbur J. Cohen (left). "He's a potent guy when it comes to winning over people still on the fence," says a labor leader.

series of grass-roots conferences will have health care for the aged high on the agenda. The conferences will run through early June and will cover every state. They could generate as much public pressure for the bill as that raised by President Kennedy himself.

5. The Administration's willingness to compromise. "Nobody pretends that the bill as drawn up is the final word," a Ways and Means Committee supporter of the measure told me. "In fact, I think the only thing on which we won't compromise is the Social Security principle."

This willingness to compro-

mise could be a potent weapon. In the Senate, Jacob Javits and antibiog eight other liberal Republicans have introduced a bill of their own that would pay for aged care through expanded Federal-state matching grants. But Senator Javits has made it clear that its sponsors don't necessarily oppose the Social Security principle.

Acute p

readily t

chronic

mentatio

Chymora raumati

and hen

sorption

ions, al

smoothe

Control

"I for one do not intend to make this a partisan issue, because a partisan clash could re- S.: Southwe sult in no program at all," he kal Reports said. "If a real effort is made now, a bipartisan effort can be Blan. 1961, A. made to shape legislation that ARMOUR can be enacted.

"We have been waiting for

Medical Economics, April 24, 1961

have you heard, Doctor? Chymoral cuts healing time in urologic conditions

Acute prostatitis responds very apon. readily to Chymoral alone or with and antibiotics, as does acute or icans chronic epididymitis.1,2 In instrutheir mentation trauma or TUR surgery. aged Chymoral reduces the severity of eder. traumatic or postsurgical edema and hematoma, accelerates absorption of blood and lymph effuclear sions, allays pain and promotes a eces- smoother healing.

Controls inflammation, curtails swelling, curbs pain

nd to e, be. 1. Billow, B. W.; Cabodeville, A. M.; Stern, A; Palm, A.; Robinson, M., and Paley, S. ld re- s: Southwestern Med. 41: 286, 1960. 2. Clin-" he ical Reports to the Medical Department, Imour Pharmaceutical Company, 1960.

Secu-

made an be

CHYMORAL

Chymoral is an ORAL anti-inflammatory enzyme tablet specifically formulated for intestinal absorption. Each tablet pro vides enzymatic activity, equivalent to 50,000 Armour Units, supplied by a purified concentrate which has specific trypsin and chymotrypsin activity in a ratio of approximately six to one. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; helps to liquely thick tenacious mucous secretions; improves regional circulation; promotes healing; reduces pain, INDICATIONS; Chymoral is indicated in respiratory conditions such as asthma, bronchitis, rhinitis, sinusitis; in accidental trauma to speed absorption of hematoma, bruises, and contusions; in inflammatory dermatoses to ameliorate acute inflammation in conjunction with standard therapies; in gynecologic conditions such as pelvic inflammatory disease and mastitis; in obstetrics as episiotomies and breast engorgement; in surgical procedures as biopsies, hernia repairs, hemorrhoidectomies, mamme tomies, phlebitis and thrombophlebitis; in genitourinary dis orders as epididymitis, erchitis and prostatitis; in dental and oral surgery as fractures of the mandible or maxilla, difficult or multiple extractions, and alveolectomies. CONTRAINDICA-TIONS: None known. INCOMPATIBILITIES: None known Antibiotics as well as generally accepted measures may be coadministered. SIDE EFFECTS: Mild gastric upsets, rarely encountered. DOSAGE: Recommended initial dose is two tablets q.i.d.; one tablet q.i.d. for maintenance. SUPPLIED; Bottles of 48 tablets.



that ARMOUR PHARMACEUTICAL COMPANY KANKAKEE, ILLINOIS Armour Means Protection

CHYMORAL

ORAL systemic antiinflammatory enzyme tablet



Your

the Prif it is object its take method "An a should ventive than I can being playailab fee . . . ing our must be health Presuman for sponsor the Kerbill to method to sponsor the Kerbill to method if the should be sponsor the Kerbill to method to sponsor the Kerbill to sponsor

portion
block.
The
have all
b help p
gram th
element—
their effe
The pro
Kennedy

could pi

Nedical E

thro

the President's proposal to see if it met certain very serious objections to the plan despite its taking a Social Security-tax method of financing," he added. "An adequate program . . . should give top priority to preventive medical care, rather than hospitalization . . . This can best be done by . . . making physicians' care readily available at home or in the offce . . . [Also,] the many aging outside Social Security must be included in any Federal health program."

Presumably—and a spokesman for one of the Javits bill's sponsors has confirmed this—if the Kennedy camp revised its bill to meet these objections, it could pick up at least a sizable portion of this nine-senator block.

The Administration may have all these potent weapons to help pass its health care program this year, but another dement—timing—could weaken their effectiveness. Here's why: The program that President Lennedy has asked Congress to but through is a big one. Besides the health care bill, it in-



An advocate of speedy action on Kennedy's plan is Majority Leader Mike Mansfield. He'll try to hasten Senate hearings to put pressure on the House.

cludes temporary and permanent changes in unemployment compensation, a higher minimum wage, aid to education, and another Social Security measure to increase benefits and lower the retirement age for some workers.

If the Kennedy forces see that lesser parts of the program are meeting stiff opposition and as of early this month, that seemed to be the case—they might decide to postpone a showdown on the health issue until next year. But here's why it's risky to predict whether or not they will:

Back in January, a high medical spokesman who's deeply involved in Congressional doings reported that the Administration had every hope of getting its health care bill enacted by mid-April. But by March 6, a New York Times Washington man predicted flatly: "At the moment, the outlook for [the

Kennedy program] is so unhappy that Congressional leaders will probably let the medical care bill lie over until 1962."

That's how fast the situation can change. And it can change again between now and the adjournment of Congress (probably in mid-July). If I were forced to bet right now on what will happen to the Anderson-King bill, I'd bet that Congress won't vote on it this year.

But I wouldn't bet much. END

OTIC

Ear Solution, 1 bottle Powder, 50 mg.; 1 bottle Diluent (benzocaine 5% solution in propylene glycol), 10 cc.



ACHROMYCINTetracycline lederle

tatio therenu

a standard in external antibiotic therapy

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.



If she viously withdra

let q.i. amenor

If she is

drawal Pro-Di pregnar

Ro



hapaders dical

ation

e adrobawere what rson-

gress

. END

derle

1961

how shall she dress she wants to know now you can tell her (even in the first week)



Pro-Duosterone

anhydrohydroxyprogesterone, 50 mg. ethinyl estradiol 0.03 mg.

the 3-day, oral test for early diagnosis of pregnancy

If she is not pregnant, and has previously had regular menstrual cycles, withdrawal bleeding will occur within a few days after Pro-Duosterone (1 tabita q.i.d. for 3 days). In functional amenorrhea, regular menstrual cycles may often be restored.

If the is pregnant, no progesterone withdrawal bleeding can occur. Moreover, Pao-Duosterone actually protects megnancy, and may be indicated to help improve implantation in habit-

"... a safe, physiologic method ... "1, the convenient Pro-Duosterone test has proved highly accurate (95.2% in 1,553 clinical studies) as early as a week after the first missed menses when animal tests cannot be considered valid.

Supplied: Bottles of 24 tablets.

1. Hayden, G.E.: Am. J. Ob. & Gyn. 76:271, 1958.

ROUSSEL - Roussel Corporation, 155 East 44th Street, New York 17, N.Y.



A NEW SUPERIOR, NON-TOXIC. NON-IRRITATING, WATER-SOLUBLE

Lubraseptic

- · Provides subjective anesthesia and analgesia when applied to mucous membranes
- · Bacteriostatic
- · Contains no antibiotics-nor any "Caine" group of anesthetic agents

MAKES ROUTINE CATHETERIZATION SAFE PROVIDES GREATER PATIENT COMFORT



*Available in economy 4 oz. tubes, as well as 5 gram Single-Applicator Tubes. Samples furnished on request. Write on your Professional or Institutional letterhead to:

DAVOL RUBBER COMPANY PROVIDENCE 2.

194

gad ston

Bu

Thi

One five I ha calls to be get d

me. time nage matie swer exten child come

turn, famil more

At in ans

I got the message, and I'm sorry I did!

This Indianapolis OB/gyn. man tried almost every known gadget so he wouldn't miss phone calls. His diverting story has won him a 1961 MEDICAL ECONOMICS Award

By Ralph Streeter, M.D.

One way or another over the five years I've been in practice, I haven't missed many phone calls. From the start, I wanted to be sure no patient would ever get discouraged trying to reach me. As a result, there have been times when I relied on "radio pages," two-way radios, automatic recording devices, answering services, four miles of extension lines, an aide, three children, and my wife. I've become disenchanted with each in turn, except for my aide and my family. And even they could be more efficient.

At first, I put my entire trust in answering services. Years later, I learned that such trust is sometimes justified. Actually, a good answering service operates so efficiently that you're likely to take it for granted. We have one here in Indianapolis that not only knows I stop at the barber shop every other Wednesday at 10 A.M.; it also has coped with a schoolgirl—the daughter of one of my patients—who called for help on a composition her teacher assigned their class. The girl insisted the subject assigned was "clap."

The first communications lesson I learned, however, was that a poor answering service is worse than none at all. The in-



cident that discouraged me happened in another town when my wife left a message with the answering service. She said I was to call home, indicating some urgency. In due time I arrived home, took care of whatever problem there was, and forgot about it. Six hours later, the operator called my house and told me to "call home." She also said she didn't see what was funny.

With my confidence in answering services partly destroyed, I turned to the "radio page." This is a small shortwave radio, slightly larger than a package of cigarettes. Each radio page subscriber is given a code number, and you have to listen to the radio constantly to

see if there are any messages for your code number. You also have to listen to everybody else's code number. At first this seems a small price to pay for a carefree summer afternoon at the ballpark, on the golf course, or even at a picnic.

The radio page has pretty good reception within a radius of ten to twenty miles, but the manufacturers cheerfully admit there are a few areas where it isn't good. (That means no reception at all.) I had a page in two different cities and found that in both places the poor reception areas were the ballpark. the golf course, and the picnic grounds. On the other hand, a radio page subscriber can never use the I'm-expecting-a-phonecall excuse for turning down functions like the installation of officers at the alumni club. The machine always works in places like alumni clubs.

Both times I gave up the page, the situations were identical: I was on the fourteenth hole. The first time, I remember, I heard my code and ran all the way in to the clubhouse phone. The call was from a woman who wanted



anorectal comfort...that lasts

Patients want full, fast and lasting relief from the distressing symptoms of common anorectal disorders.

For hemorrhoids, proctitis and pruritus ani, start therapy with ANUSOL-HC-2 suppositories daily for 3 to 6 days—to reduce inflammation, relieve pain and itching, and shorten total treatment time. Maintain patient comfort with regular ANUSOL-1 suppository morning and evening and after each evacuation to prevent recurrence of symptoms. Supplement with Anusol Unguent as required.

Neither Anusol nor Anusol-HC contains anesthetic agents which might mask symptoms of serious rectal pathology.

anusol

hemorrhoidal suppositories and unguent

anusol-HC

hemorrhoidal suppositories with hydrocortisone acetate, 10 mg.

MS12

es so e's ns ehe or

us he nit

in and re-

rk,

nic

, a

ver

ne-

wn

of

The

ces

l: I The ard

call

ted

1961

Makors of TEORAL SELUSIL PROLOTO PERITRATE MARDELAMINE

CHILCOTT



me to buy a block of tickets to a charity circus. When I could catch my breath, I told her I was giving all my money that year to the Mothers' March on Pseudocyesis.

I subscribed to the radio page for the last time last summer. Again I was on the fourteenth hole. I was at the green in one, and even my putting was good. when I foolishly listened to the radio and heard my code. This time I borrowed a friend's motor cart and drove in. Sure enough, it was someone asking about my donation to an obscure health agency. I told her about the Anorexia Nervosa Cookie Sale in which I was interested. Shortly after that, I gave up both my subscription to

the page and my membership in the country club.

The next device I experimented with was two-way radio. My reasoning was that if I could talk back, I could find out whether or not the call was important. Of course, with a two-way radio, you're pretty much restricted to the general area of your car. But it seemed just the thing to have along on the "Indian Guide Camp-out" my small son had been anticipating.

We arrived at Flat Rock Camp—twenty-six eager little braves and twenty-six reluctant big braves—and I had the twoway radio. I spent the next twenty-four hours bandaging cuts and abrasions of fathers





in peptic ulcer...

in

nly ld leoray reof

he n-

all

ck

tle int voext

ng

ers

961

prescribe the antacid with protective coating action

Gelusil protects the peptic ulcer patient against pain and promotes natural healing by coating the crater with two long-lasting demulcent gels. Pleasant-tasting Gelusil neutralizes and adsorbs excess gastric acid—is inherently nonconstipating—contains no laxative. Here is the superior antacid adjuvant for any program of ulcer management—best, too, for fast relief in gastritis, hyperacidity and "heartburn." Tablets and liquid—each tablet or teaspoonful contains aluminum hydroxide (Warner-Chilcott) 4 gr. and magnesium trisilicate U.S.P. 7½ gr.

the physician's antacid

GELUSIL



makers of TEDRAL PROLOID PERITRATE MANDELAMINE

HAMI THOUGHT WING IN STANDARD

who were doing all kinds of foolhardy things trying to get the electronically minded little braves out of my car. There were casualties among the youthful defenders, too. One even shot an arrow through his own hand.

I didn't get any calls that week-end. This was fortunate because, when it came time to leave, I found the car wouldn't start. I had to buy a new battery, and I happily turned in the two-way radio.

Discouraged with answering services, radio pages, and two-way radios, I decided to see what the telephone company could do to make me more "available." It would be interesting to say yes to every one of their suggestions for increasing my telephone efficiency—just to see how far they would go. About two years ago, I put them to a severe test.

The phone and an extension in our house had previously been in my wife's name. She'd let them down by not buying colored phones, phones in every room, and phones that magically function so that you don't

have to pick them up. It certainly was time for me to take over. In addition to the usual two-line rotary service to the office. I added a four-mile extension from office to house, with an upstairs extension to that. (The upstairs phone was white and had an illuminated dial: I am putty in the hands of a good salesman.) A recorder was attached to the downstairs phone. The house looked as if I were a bookmaker, but I felt that at last, with the aid of my wife and three intelligent children, I would have good telephone coverage. Three things were wrong with my reasoning.

First: Many calls ring more than one phone, and we spent a good deal of time sprinting up





asthmatic... but symptom-free

THE TEDRAL PATIENT lives normally, breathes freely, without fear or embarrassment of asthma attacks.

ONE TEDRAL TABLET taken at the first sign of an attack relieves congestion and constriction within fifteen minutes and protects for as long as four hours. For prophylaxis or when attacks are frequent, prescribe one or two tablets q.4h. For children 6 to 12 years old, half the dosage.

Each scored Tedral tablet contains the ophylline 130 mg., ephedrine HCl $24~{\rm mg.}$ and phenobarbital $8~{\rm mg.}$

the dependable antiasthmatic TEDRAL

Children often prefer the licorice flavor of Tedral Pediatric Suspension

Second or SELUCIA PERSONS PERSONANCE MANDELANIAS



r.
ne
I
on
phe
nd
atne.
a at
ife

en, ovng

ore

ta

up

1961

and down the hall from one to another. That is, we did if we could distinguish which phone was ringing in the first place.

Second: A phone is only as good as its answerer. My son, for example, told a man who wanted to bring in his fiancée that I didn't take care of fiancées. He thought it was a foreign car.

Third: Patients will call an office telephone number with problems they would not call you about at home. So when your office number rings the phone at home, you get about five times as many just-plainnuisance calls at home as formerly. Of course, it would be a shame to eliminate some of these, like that of the woman who called me late at night to tell me the dog had just run away with the diaphragm.

I decided there must be a better solution to my communications problems on the night I was awakened by a call to save a woman who'd taken too many sleeping pills. I spent about two hours reviving her. I had barely got home and to sleep when the phone rang again. "I've used up

all my sleeping pills," she said, "and I can't sleep."

Seeking that "better solution" to the problem of being available. I felt it was high time I tried an electronic recorderthe marvel that answers your phone when you're not there. It wasn't long before I found I was able to compose a message for it that would cover all exigencies in four or five minutes-or while my wife was looking for her gloves. But it gave me a lot of second thoughts. It wasn't the complexity of the instrument, because even the children quickly got the hang of which knobs to turn and what the flashing red and green lights meant. I even got over the tendency to imitate John Barrymore when speaking seriously to





id.

ing
ime
er—
our
e. It
was
for
gen-

for a lot

asn't strudren which

the ights tenarry-

new therapeutic light on "sinus" headache

"sinus" or frontal headache and congestion—whether from true sinusitis or rhinitis—yield promptly to Sinutab. In therapy or prophylaxis Sinutab rapidly and effectively aborts the pain, decongests the mucosa and relaxes the patient. Verify the value of Sinutab for yourself: you and your patients will be pleased.

for sinus and from Sinutab

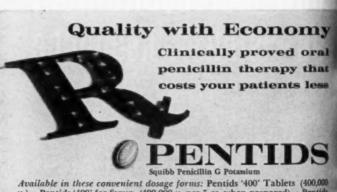


THE MINISTER WAS THE WAS A STANDARD OF THE STA

the machine. What made me finally have the recorder removed was the tedium of coming home to listen to a reel of taped heavy breathing and sea gull murmurs—interspersed now and then with singing—or comments like "He's got that damn machine on again" and "My machine is talking to your machine." It makes you wonder whether we're ready for the space age.

Things are a lot quieter at home now that we're down to our last two phones. (I do recommend that illuminated dial.) And there are only two lines at the office.

I'm even beginning to enjoy the wrong numbers. My office number is a lot like the fabric shop's down the street, and it gives a man in my specialty (obstetrics) quite a start to pick up the phone and hear a voice ask, "Do you put in zippers?" A question like that can make you forget about communications problems.



Available in these convenient dosage forms: Pentids '400' Tablets (400,000 u.) • Pentids '400' for Syrup (400,000 u. per 5 cc. when prepared) • Pentids tor Syrup (200,000 u. per 5 cc. when prepared) • Pentid-Sulfas Tablets (200,000 u. with 0.5 Gm. triple sulfas • Pentid-Sulfas for Syrup (200,000 u. with 0.5 Gm. triple sulfas per 5 cc. when prepared) • Pentids Capsules (200,000 u.) • Pentids Soluble Tablets (200,000 u.)

PENTIDE'S AND PENTIONS

For full information of your Squibb Product Reference or Product Brief.



Squibb Quality the Priceless Ingredient SUS

IN COLLATERAL
LIGAMENT
STRAINS—
allows early
ambulation—
relieves pain
and
swelling

Spraina
Fibroaris
Trigger points
Frozen shoulder
Lumboascral strain
Acute goody arthritis
Collateral ligament strains
Tensor taccle late syndrome
Rhoumatoid nodules
Outsochendritis
Outsochendritis
Outsochendritis
Trigger fingel
Tennis altofic
Coccyynia
Cappillisi
Bursitis
Ganglis

SUSPENSION

HYDELTRA-TBA*

CONSISTENTLY EFFECTIVE—PROLONGED RELIEF

beage: the usual intra-articular, intrabursal or soft tissue dose ranges from 20 to 30 mg. depending on location and extent of pathology.

Expiled: Suspension HYDELTRA-T.B.A.—20 mg./cc. of prednisolone lartiary-butylacetate in 5-cc. vials.

Missel information is available to physicians on request, HYDELTRA-T.B.A. is a streament of Merck & Co., INC.



MERCK SHARP & DOHME Division of Merck & Co., Inc., West Point, Pa.



205

reclial.) es at

office abric abric nd it (ob-

ask,
" A
e you
tions

ly ral

986

0,000 entids preilfas) 5 cc.

redient

ablets

, 1961

the peddlers

H

tu

\$1 mc C.

sur Wi

office speemas probus

Wit

in I Sooi

201

Condensed from the best-selling book by James Jackson Kilpatrick "Hi, Billy!"

That was the way the letter began. It was neatly typed, and it bore a street address in Los Angeles.

Hi, Billy!

I believe a COMPLETELY NUDE girl is a work of art and have many 4" x 5" photos to prove it. These feature beautiful young girls whose busts vary from large to EXTRA LARGE.

I can make this offer for a short time only so you better order by return air mail. My sets are \$3, \$5, \$10, \$20, and \$25. The more expensive sets contain more and better photos. Sorry, no free samples or C.O.D. You must mention this letter.

Sincerely,

This was my introduction to the fastest-growing racket in the United States: mail-order sex. In the summer of 1959, under the fictitious name of Billy Williams, I had answered a dozen advertisements in nudie magazines. Our Richmond (Va.) newspaper office had become intrigued by the questions of free speech involved in legislation requested by the Postmaster General. The "Lady Chatterley" case was prominent in the news. What was this obscenity business all about?

Thus, the orders from "Billy Williams" went out. Within a week, the name had gone on mailing lists in Los Angeles, and "Nina" had bought the name. Soon we were receiving wholly unsolicited material

Copyright © 1960 by James Jackson Kilpatrick. Reprinted by permission of Doubleday & Company, Inc.

Mothers like this mark of extra care . . .



Disposable Otoscope Specula

Adult patients, too, appreciate seeing you attach a new, white speculum before an ear examination. Besides, Kleen-Specs save your time and that of your nurse. You always have enough clean "specs", in the office and on house calls. Cost is less than 2¢ per patient. Use Kleen-Specs, with a simple adapter, on any Welch Allyn otoscope.

KLEEN-SPECS ARE MADE ONLY BY

WELCH ALLYN

from New York. Within six weeks, we got a bid to buy action films from Copenhagen.

The obscenity racket operates now throughout the entire U.S. It uses syndicates, wholesalers, and distributors as efficiently organized as any reputable business concern. Former Postmaster General Arthur E. Summerfield has estimated their gross mail-

Big business-but dirty

Newspaperman James Jackson Kilpatrick spent months researching "the alarming effects of cheap, easily procurable pornography-especially on youngsters." He set up a kind of experimental station in mailorder pornography. His book, condensed here, is an eye-opening account of what he discovered. While he recognizes the dangers of tampering with freedom of the press. Kilpatrick foresees an even greater danger in our unwillingness to meet the problem head-on with forceful laws. See the accompanying text for some lurid examples of the problem. plus the pros and cons of censorship. For a psychiatrist's slant on pornography, see page 238.



order revenues at \$500 million a year. The Granahan Committee of the House has turned up informed estimates that the commerce in filth may soon reach a billion dollars a year. And there is every reason to believe that operations will double in the next five years.

What is the narcotic in which these traders deal? It is raw sex, stripped of all beauty and poetry. The marriage relationship, when treated at all, is one to be violated; infidelity is fun, and adultery no more than a harmless pastime. It is a big, cynical, and dirty business that thrives not on the grown-up sucker, but on the adolescent who's receptive to a little dirty sex.

The Post Office Department recently estimated that nearly one million minors—some as young as 10—are being solicited each year. Although most of them never order anything more objectionable than a pocket knife, the machinery of the mailing list sweeps them up. Names in school publications, class year books, club directories—all this is raw material for the vendors of pornography. Post Office inspectors made 14,000 investigations in 1959; two-thirds of them were based on complaints from outraged parents. In testimony before a Congressional committee, former Postmaster General Summerfield complained that "ruthless mail-order merchants in filth are violating the homes of the nation."

This testimony aroused a "Show us" reaction in our office. And so the Department arranged to set aside typical complaints received in Washington over a two-week period. Subsequently, a postal inspector in

brot

contain upper respiratory infection Contain upp

inner rotection with...

1961

safe antibiosis

Triacetyloleandomycin, equivalent to oleandomycin 125 mg. This is the URI antibiotic, clinically effective against certain antibioticresistant organisms.

fast decongestion

Triaminic®, 25 mg., three active components stop running noses. Relief starts in minutes, lasts for hours.

well-tolerated analgesia

Calurin®, calcium acetylsalicylate carbamide equivalent to aspirin 300 mg. This is the freely-soluble calcium aspirin that minimizes local irritation, chemical erosion, gastric damage. High, fast blood levels.

TAIN brings quick, symptomatic relief of the common cold (malaise, headache, muscular cramps, aches and pains) especially when susceptible organisms are likely to cause secondary infection. Usual adult dose is 2 Inlay-Tabs, q.i.d. In bottles of 50. It only. Remember, to contain the bacteria-prone cold ...TAIN.

DORSEY LABORATORIES · Lincoln, Nebraska a division of The Wander Company handed over an envelope bulging with eighty-three such letters. Here's a random sampling:

From New York City: "My 16-year-old son received this garbage in the mail. I am amazed you allow a box number to be used for this purpose." (The enclosure offered filthy motion pictures from Mexico.)

From Boise: "Is there nothing you can do about this unsolicited mail?" (The circular from Hollywood advertised films of nude women in which "all is laid bare before your eyes.")

From Glendale, Calif.: "I just took this disgusting package from the mail, and it makes me so shaky I can hardly write." (The 8" x 10" envelope contained photographs of two nude teen-age boys, one masturbating the other.)

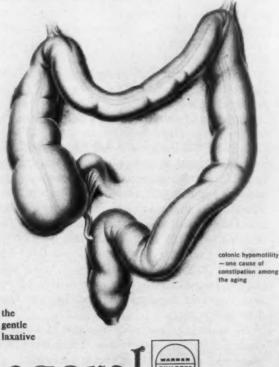
The chief neuropsychiatrist and medical director of the Philadelphia Municipal Court, Dr. Nicholas G. Frignito, has said: "Pornography is an instrument for delinquency; it is an insidious threat to moral, mental, and physical health. It debases the true meaning and function of sex; it leads to excessive eroticism, morbid preoccupation with sex, and it incites to immoral and antisocial activity."

The Kefauver Committee on Juvenile Delinquency in 1955 asked police chiefs around the nation for their opinions on the causal relationship between obscene materials and juvenile crime. Almost without exception, they agreed that lewd photographs and magazines tend to trigger serious sex crimes among adolescents. One recently seized set of photographs showed a girl and two boys, all nude. One of the boys

for the special laxative needs in geriatrics

By softening the stool and gently increasing peristalsis, non-habit-forming AGORAL effectively and safely overcomes the constipation encountered in geriatric patients.

Especially important to older patients is the smooth predictable response to AGORAL-without urgency, griping or risk of embarrassing anal leakage of oil.



agoral



d

ıs 78

4, 1961

is astride the girl, engaged in intercourse. She is fondling the other boy. They cannot be more than 15 years old.

This is what postal inspectors and other law-enforcement officers are talking about when they discuss the obscenity racket. They're not talking about the kind of borderline material that is regularly allowed to pass. If a photograph of a nude woman has the slightest reason for existence as an art photograph, inspectors patiently let it go; they've seen a million of these. If a book or a magazine has any substantial claim upon literary merit, the policy is to ignore the publication. Their war is on the phony Ninas of this world.

Intrigued by another offering from Nina, we next invented a pair of young brothers to join the fictitious Billy Williams. Billy had been conceived as a youth interested in dirty films and sexy correspondence. Joseph Rocco became an effeminate sort devoted to bondage pictures, male nudes, and the more delicate and bizarre forms of erotica. His brother Louis we created as a furtive dealer in novelties, interested primarily in making a fast buck on the retail sale of whatever filth he could get. Over a period of weeks, Billy and Louis and Joseph typed out their letters, responded to ads, and mailed off money. Soon, more of the appalling merchandise began to flow in.

We wanted to see what readers of nudie magazines could order on their own. There were plenty in the corner store, and here's what we found:

From a source in California: "200 poses, only \$1;

vei

'40

(20

. P

Sul

pre

(200



quality with economy

Clinically proved oral penicillin therapy that costs your patients less

PENTIDS

Squibb Penicillin G Potassium

e r

9-

od

ir

y.

to

2-

in

1;

24, 1961

Available in these con-

venient dosage forms: Pentids '400' Tablets (400,000 u.) • Pentids '400' for Syrup (400,000 u. per 5 cc. when prepared) • Pentids Tablets (200,000 u.) • Pentids for Syrup (200,000 u. per 5 cc. when prepared) • Pentid-Sulfas Tablets (200,000 u. with 0.5 Gm. triple sulfas) • Pentid-Sulfas for Syrup (200,000 u. with 0.5 Gm. triple sulfas per 5 cc. when prepared) • Pentids Capsules (200,000 u.) • Pentids Soluble Tablets (200,000 u.)

PENTIDE'S AND PENTIDES

For full information, see your Squibb Product Reference or Product Briof.



SQUIBB Squibb Quality the Priceless Ingredient include 50 men and women in miniature lover photos."

From a "Kristine": "Like to give me the business? Let us send you our confidential bulletin that shows all of us and explains about our really intimate photos and films. Please enclose 25 cents to help pay for this ad."

We explored the ads of a Broadway "movie club," offering "four tantalizing movies on one big reel for \$9.99." In Hollywood four ladies offered "the kind of pictures we think you want" at \$3 for a set of twelve. We were tempted by "art photos that couldn't be published."

The magazines from which we clipped these ads cater entirely to the prurient interest of the newsstand buyer. Some are published in New York, some in Los Angeles; they appear at erratic intervals, like desert weeds. In essence they are all alike: nudie pictures, nudie cartoons, and pornographic fiction. A typical story opens with a man seducing his neighbor's nymphomaniac wife ("The bed groaned under our weight as she nestled in my arms, pressing her thigh hard against mine"). Another story is about wife-swapping ("He rose and lowered his beefy weight on to her soft, heated form"). One issue concludes with a story of violent rape ("He seized her and drew her to him. The feel of her warm, still moist body struggling against his was unbearably exciting").

We soon decided to launch Billy Williams into the business of ordering sexy motion pictures. The stagfilm racket is big business. Circulars are well de-

Medical Economics, April 24, 1981

si, av 16 pr

two cor two sur sign

aim

F

hun
can
and
cula
is no
atin
post
with
and
keep

The stare ento so kicks

of th

signed and competently printed, and mailings come with order forms and return envelopes. Films are available in a 50-foot reel for as little as \$2.50; a 16-mm. sound film, on a 200-foot reel, is \$12. These prices are obviously within the reach of many adolescents.

Through a Hollywood come-on letter, Billy ordered two films, "Advice to the Loveworn" and "Honeymoon Helpmeet." Both were built on the theme that constantly recurs in these productions—a fight between two half-clothed or wholly nude women. Presumably there is some special sexual bang in the sight of two dumb blondes, breasts flopping, clawing aimlessly at each other.

Production costs of these movies are low: A few hundred dollars will put a brief production in the can. Thereafter prints can be produced for pennies, and the entire cost is recouped rapidly. The films circulate for years, and so long as the original negative is not seized and destroyed the promoters keep operating under one name after another. To be sure, the postal inspectors are a constant annoyance. But with a score of fictitious names and corporations and the gullibility of the male animal, the racket keeps going nicely. A \$500 fine is no more than a part of the overhead, to be debited to miscellaneous expenses.

The racket's most reliable offering, however, is not the stag film but the single nude photograph. There are economic reasons for this. Films can be sold only to sociable customers who want to share their sex kicks. On the other hand, single photographs can be

produced by the millions under conditions that appeal to the one-man operator. He often saves a model fee by using his wife. An ad in a nudie magazine, a rented post-office box, a mailing list-and he's in business. If the ad pulls and the postal inspectors don't pick him up, a small investment can return an amazing dividend.

From small ventures in the singles racket, large operations grow. Take Tennessee's gift to commerce, Roy Oakley. Appearing before the Kefauver Committee investigating obscene materials, he admitted to a mailing list of 40,000 to 50,000 names and a printing of no fewer than 250,000 girlie photographs in a typical year. One Oakley mailing, in response to requests for a catalogue, included a free print of a wholly nude girl posed on a bathroom floor, her genital area boldly exposed.

Most operators make their headquarters in New York and California. In New York City and in Los Angeles, the supply of models is almost endless; the resources of photography, advertising, and anonymous mail handling are equally advantageous; the great cities can swallow up and conceal a merchant of filth. Then too, Federal judges in these cities are generally more tolerant of obscenity than their brothers elsewhere.

In many instances, the Los Angeles syndicates operate behind a buxom front of "girls' clubs." The pitch is always the same. Alice, Jane, Ilene, and Shirley are four starlets who "tried real hard but didn't make the movies." Now they're in business for themselves as art and calendar models. They're lone-

ty of poly

d: Sort 15 mg. thi acute and chronic diarrhea the most effective symptomatic dution to the dual problem:

Sorboquel.



to fluid feces:

optional water-binding wity of polycarbophil to no free fecal water Fast action 2
for too frequent evacuations:
Superior, yet selective,
nonopiate antimotility action

his information regarding the use of Sorboquel Tablets is available on request.)

all: For older children and adults, initial dosage of one SORBOQUEL Tablet q.l.d. is usually cale. Severe diarrheas may require six, or even eight, tablets in divided daily doses. are exceeding six tablets a day should not be employed over prolonged periods.)

of thihexinol methylbromide

vied: Sorboquel Tablets, bottles of 50 and 250. Each tablet contains 0.5 Gm. polycarbophil 15 mg. thihexinol methylbromide.

WHITE LABORATORIES, INC., Kenilworth, New Jersey

White

some. All they do is pose and write letters. The girls' ads, plainly enough, are intended to produce names and addresses of likely prospects.

Foreign pornographers are also primarily interested in obtaining names and addresses. One ad offers "direct from Europe, the very best photos of fully developed girls." A \$3 order produced nothing more than an envelope of bikini pin-up pictures. Two weeks later, however, from Amsterdam came a neatly printed come-on circular. A response produced a shocking package in return. The color slide disclosed a nude woman, photographed in full front view as she leaned back on a bench; her fleshy thighs were parted, and her hands were holding her labia open.

The great bulk of mail-order filth is designed to appeal to the "normal" male animal. If his appetite for filthy photographs and movies should pall, he can go on to playing cards, peephole viewers, jigsaw puzzles, and filthy novels. He can buy erotic recordings, suggestive statuettes and chinaware, sex manuals, and aphrodisiac recipes. Ordinarily, this merchandise is offered "for adults only"—a sure-fire appeal to adolescents.

In a class by themselves are the publications that appeal to abnormal sexual appetites. Foremost among these are the bondage books and magazines, widely distributed through a New Jersey company. Here the dominant theme is pain; the intention is to satisfy a sadistic lust that gratifies itself in torture scenes: shapely women tied to racks, impaled on hooks, and shackled to grotesque devices. In the background are whips, gouges, and ropes. Other

Medical Economics, April 24, 186

IN

in si tory

Exte

thera

In DIN

propa

reduc

the si

Long-

12-hot

Febour



IN SINUSITIS, COLDS AND UPPER RESPIRATORY DISORDERS

"DIMETAPP Extentabs

LET YOUR PATIENTS BREATHE EASIER!

In sinusitis, colds and other upper respiratory and allergic disorders new DIMETAPP Extentabs offer more useful decongestant therapy with minimum side effects.

0

e

e

zs, s,

al

at

st

es,

IV.

to

re

on

he

ner

24, 190

UNSURPASSED RELIEF OF NASAL CONGESTION In DIMETAPP Extentabs, the unexcelled anti-histamine, Dimetane, and two outstanding decongestants—phenylephrine and phenyl-propanolamine—promptly dry secretions and reduce edema and congestion in the nose, the sinuses, and the upper respiratory tract.

CLEAR BREATHING FOR 12 HOURS ON 1 TABLET Long-acting DIMETAPP Extentabs offer up to 12-hour relief on just one tablet. Easier-to-use DIMETAPP Extentabs reach into areas nose drops or sprays can't touch—without rebound congestion.

EXCEPTIONAL PREEDOM FROM SIDE EFFECTS
DIMETAPP Extentabs are exceptionally free
of side reactions. Dimetane offers a high
percentage of relief with only drowsiness
as a possible, infrequent side effect. Small,
fully efficient dosages of decongestants
minimize overstimulation.

DIMETAPP Extentabs contain Dimetane® (parabromdylamine [brompheniramine] maleate) 12 mg., phenylephrine HCl 15 mg., and phenylpropanolamine HCl 15 mg.

DOSAGE: Adults —1 Extentab q. 8-12 hours. Children over 6 —1 Extentab q. 12 hours. Administer with caution to patients with cardiac or peripheral vascular diseases and hypertension, and to those sensitive to antihistamines. See package insert

for further details and bibliography.

A.H.Robins Co., Inc. Richmond 20, Va.

Ethical Pharmacouticals of Merit Since 1878

magazines are aimed at male homosexuals, the "gays" and "queers" who live in a shadow world of their own. These offer photographs of men posed wholly nude or in posing straps that fully reveal the male genitals.

Then there are the dirty paperback books. These present a genuinely perplexing problem to the American citizen who finds any thought of book-burning abhorrent. A photograph of a couple engaged in sexual intercourse is patently obscene; a written description of the same act may or may not be obscene. Moreover, a particular book may be obscene under one state law in one part of the country and not obscene under a Federal postal prosecution in another.

In the course of our investigation, we waded through mounds of such dirt—dirt with only one excuse for being: It sells. That's the driving motivation that Billy Williams and the Rocco brothers found behind all these movies, magazines, and nude photographs. The smut peddlers have sex for sale. And they sell it cheap.

How do we stop all this? Is censorship the answer? The case *against* obscenity censorship is a strong one. Here are its five chief arguments:

1. Obscenity censorship is unconstitutional. Let's state at the outset (Justice Black and Douglas have said it repeatedly) that no affirmative authority for obscenity censorship was ever vested in the Congress by the Constitution. According to the First Amendment, Congress shall make no law abridging the freedom of the press.

Thus the First Amendment protects the writer in

to

TR

In a

frac

omi

cluc

prev

and of b

pain

enha

bioti

L H.,

ARM



Chymar, for one thing

THE SUPERIOR SYSTEMIC ANTI-INFLAMMATORY ENZYME

to control inflammation, swelling and pain in ACCIDENTAL TRAUMA and general surgery 1-3

In a study of 491 cases that included 47 fractures, 45 tonsillectomies, 61 herniotomies and 31 cyst removals, it was concluded that: "chymotrypsin reduces or prevents traumatic and surgical edema and hematoma, accelerates absorption of blood and lymph effusions, reduces pain, promotes wound-healing and may enhance or augment the action of antibiotics."

1. Cigarroa, L. G.: J. Internat. Coll. the systemic Surgeons 34:442, 1980, 2. Teitel, L H., et al.: Indust. Med. 29:150, 1980. 3. Billow, B. W., et al .: Southwestern Med. 41:286, 1960.

O Jan., 1961, A. P. CO.

n

route to faster healing at any location



ARMOUR PHARMACEUTICAL CO. KANKAKEE, ILLINOIS . Armour Means Protection

Chymer Aqueous and Chymer (in oil) contain chymotrypsin, a proteolytic enzyme with systemic anti-inflammatory and anti-edematous properties. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastons absorption of blood and lymph extravasates; restores local circulation; pro-motes healing; reduces pain. INDICATIONS; Chymar is indicated in respiratory conditions to liquely thickened secretions and suppress inflammation of mucosa and brenchiolar tissue; in accidental trauma to speed reduc-tion of hematoms and edeme; in inflammatory dermatoses to ameliorate acute inflammation in conjunction with standard therapies; in gynecologic conditions to suppress inflammation and edema and stimulate healing; in surgical procedures to minimize surgical traums with inflammation and swelling; in genito-urinary disorders to reduce pain and promote faster resolution; in opportunition of optonionary ngic conditions to lesson homelome, edema and inflammation of optonionary ngic conditions to lesson homelome, edema and inflammations. matory changes; in dental procedures to lessen pain and gum tissue trauma, with inflammation and swelling, in reaction to extractions or surgery. PRECAUTIONS: Chymer and Chymer Aqueous are for intramuccular in jection only. Although sensitivity to chymotrypsin is uncom-men, altergic or anaphytectic reactions may occur as with any foreign protein. The usual remedial agents should be readily available in case of untoward reaction. Procautions (scratch testing for Chymer, scratch or intradermal testing for Chymar Aqueous) should be exercised in those patients with known or suspected affergies or sensitivities. DOSAGE: 0.5 cc. to 1.0 cc. deep intramuscularly once or twice daily, depending on severity of condition. Decrease frequency as course of condition is aftered. In chronic or recurrent conditions, 0.5 cc. to 1.0 cc. once or twice weekly SUPPLIED: 5 cc. vials, 5000 Armour Units of proteelytic activity per cc.



specific terms. Implicitly, it also protects the reader, since the act of communication necessarily requires a hearer as well as a speaker.

- 2. Obscenity statutes are apt to be inconsistent and capricious. The Comstock Act of 1873, still governing the mails, is a good example. In one breath, this Federal statute undertakes to punish the mailing of matter that makes sex attractive and exciting. In the next, it undertakes to punish the mailing of matter that makes sex ugly, deprayed, and repulsive. Is discussion of sex in any form obscene? Where do you draw the line?
- 3. Censorship laws are impudent attempts to regulate people's morals without just cause. Here we approach the heart of the case against obscenity censorship. The one precious factor distinguishing a free society from a totalitarian society is the absence of unwarranted governmental restraint on the free man. His liberties, of course, are not absolute; in theory they extend to the point at which Citizen A causes some serious loss, risk, or inconvenience to Citizen B.

Thus, what really counts is the direct and measurable relationship between the action and the antisocial consequence. The case against obscenity censorship holds that such a causal relationship never has been established so far as pornographic materials are concerned.

4. Since attempts to suppress obscene material only make it more desirable, censorship is futile. In advancing this argument, the foes of censorship appeal to the common experience of mankind. Heard

DORNWAL® is the tranquilizer versatile enough to be used almost anywhere.

Take, for instance, the woman in our picture, suffering from a really severe tension headache. Aspirin she has tried, of course; but suppose she's called you and you prescribed Dornwal. What would you expect?

First, let us say you told the druggist to indicate the dosage that our clinical research has shown is useful in these cases — 1 or 2 tablets p.r.n. In all probability, she would experience relief of pain and a general relaxation in less than an hour. If she is doing her housework, she could go on with it, because she wouldn't get sleepy.

Dornwal is one tranquilizer that doesn't make people sleepy. It's a tranquilizer pure and simple. Its effectiveness you will see clearly the next time you encounter a patient given to tension headaches. Try Dornwal and see the results. Dosage: One or two 200 mg. tablets three times a day. Children, age 6 to 16, one or two 100 mg. tablets two times a day. Administration limited to three months' duration. Supplied: 200 mg. yellow scored tablets, and 100 mg. pink tablets, each in bottles of 100 and 500.

No absolute contraindications to the use of Dornwal are known. There have been no reports or evidence of habituation, addiction or drug tolerance in animal or clinical studies. Dornwal is relatively free from untoward effects when administered at recommended dosages. P.S. For the "Genericist", Dornwal is amphenidone.

Maltbie Laboratories Division, Wallace & Tiernan Inc., Belleville 9, N.J.



HAT I THIS LEET ASSESS AND A CASALLE BREBER.

melodies are sweet, but those unheard are sweeter. So long as obscene books and photographs are viewed as sinful, sinful men will go in search of them—and find them at any price. Where obscenity laws are lax, as in France, the people pay scant attention to smut, and the racket survives only on export trade and on tourists.

5. Censorship tends to over-protect youngsters. The best solution is education and guidance. Should children be protected from materials that exploit or degrade the sexual relationship? Not too much, says the case against censorship. Maybe we fall into error in attempting to shield the adolescent from worldly influences. So a boy of 14 or 15 surreptitiously buys a nudist magazine, and a parent catches him reading it. What then? Tears and recriminations, stern lectures on lust? How much better to treat such matters casually and disarmingly; how much better to seize such opportunities to speak to a growing boy of the beauty and love of sex.

Now let's take a look at the pro-censorship side of the debate.

Advocates of censorship are weary of being depicted in the grim garb of the late Mr. Volstead; the hat doesn't fit. They're becoming increasingly resentful of the labels of prude and crackpot given them by the disciples of free expression. They're angry at the filth that floods into their homes. They agree that an author has rights. But what of the community?

Does freedom of speech exist only for the writer, publisher, and peddler of salacious material? Or

PRE

Rest, ous il that's Nov

Not Beauty and to Ava

contro adjusta this ne



PRESCRIPTION #1...AND HOW TO GIVE IT WITH SIMMONS NEW BEAUTYREST ADJUSTABLE BED

Rest, all physicians agree, is "prescription #1" for both minor and serious illnesses. But keeping patients in bed for as long as necessary—that's a problem.

Now in Simmons new Beautyrest Adjustable Bed, patients are spared discomforts and monotony of confinement to an ordinary bed at home.

Note the restful positions your patients can assume with famous Beautyrest comfort. At the touch of a finger, the bed responds, to support and to relax your patient—increasing the therapeutic value of bed rest.

Available in twin-bed size, normal or extra firm models with manual control—or automatic electric control. Fits any standard bedstead or adjustable frame. Looks like a regular bed. See this new idea in patient comfort at leading stores.

do those who object to filth have some freedom of expression, too?

These are the principal contentions of the processorship forces:

1. Laws punishing obscenity are indeed constitutional. In one unbroken chain of cases extending from 1878 to 1959, the Supreme Court has consistently upheld the power of both the Congress and the states to punish those who disseminate obscene materials. And the Constitution, say the advocates of censorship, is precisely what a majority of the Supreme Court says it is at any given time.

But doesn't the First Amendment guarantee free speech? Those favoring censorship have a compelling answer: The First Amendment's obvious purpose was to provide freedom to express opinion, to expound ideas, and treat those significant issues that are truly essential to the functioning of our democratic government. It was never intended to sanction the publication of this sort of rot from a recent newsstand magazine:

Then Wayne came back. "I've done all the work so far," I said. "You take off my panties." And he did, and let me tell you that felt like nothing in the world, having Wayne Whitney take off my panties. I mean it was a lovely feeling . . .

2. The term "obscenity" is no more vague or elusive than many another concept of law. Critics of censorship often charge that obscenity laws lie in a very delicate field of jurisprudence: What was obdesigned with a specific aim

BENYLIN EXPECTORANT

specifically designed to help control cough

Just as a medical instrument is engineered for maximum efficiency in performing its specific function, BENYLINDEXPECTORANT is formulated to provide effective relief of cough associated with colds or allergy.

This outstanding antitussive action of BENYLIN EXPECTORANT is attributed to a carefully selected combination of therapeutic agents. Benadryl,* a potent antihistaminic-antispasmodic, reduces bronchial spasm, quiets the cough reflex, and lessens nasal stuffiness, sneezing, lacrimation, itching, and other allergic manifestations. Concurrent respiratory congestion is relieved by expectorant agents that efficiently break down tenacious mucosal secretions. In addition, a demulcent action soothes irritated throat membranes.

REMYLIN EXPECTORANT is a pleasant-tasting, raspberry-flavored syrup ... completely acceptable to patients of all ages.

supplied: BENYLIN EXPECTORANT is available in 16-ounce and 1-gallon bottles.

Each fluidounce contains: 80 mg. Benadryl hydrochloride (diphenhydramine hydrochloride, Park-Davis): 12 gr., ammonium chloride; 5 gr. sodium citrate; 2 gr. chloroform; 1/10 gr. menthot; and 5% alcohol, fedications: Ratief of coughs due to colds, and other symptoms associated with colds, and coughs of allergic origin. Desage: Adults –1 to 2 teaspoonfus every three to four hours. Children—1% do 1 teaspoonfus! every four hours. Precaurions: Products containing Benadry should be used cautiously with hyprotics or other saddives; if strophe-like effects are undesirable; or if the pattent engages in activities requiring sleriness or rapid, accurate response (such as driving).

PARKE-DAVIS

AND DAMES A PROPERTY DAMES OF THE PARTY.



for EDEMA...CYCLEX provides the prompt diuresis of HYDRODIURIL for rapid reduction of weight gain, breast fullness, abdominal congestion

relieve the symptoms of premenstrual tension

for MOOD-CHANGES...CYCLEX supplies the effective relief of meprobamate for nervousness, irritability, tension, nausea, malaise, insomnia

for GI DISTRESS...CYCLEX affords quickacting relief of nausea and bloating associated with premenstrual tension

SUPPLIED: Tablets, bottles of 100. Each tablet contains 25 mg. of HYDRODIURIL (hydrochlorothiazide) and 200 mg. of meprobamate.

DOSAGE: Usual adult dosage is one tablet once or twice a day, beginning on the first morning of symptoms and continuing until the onset of menses.CYCLEX may be continued through the menstrual period.

Before prescribing or administering CYCLEX, the physician should consult detailed information on use accompanying package or available on request.

CYCLEX and HYDRODIURIL are trademarks of Merck & Co., INC.



MERCK SHARP & DOHME Division of Merck & Co., INC. West Point, Pa.

Wadia

scene yesterday is not obscene today, and so on. Defenders of obscenity laws call this bosh. They point out that precise criminal statutes are the exception, not the rule. They cite a dozen statutes in which a jury's interpretation spells the difference between guilt and innocence. What constitutes justifiable homicide? How is "consent" proved in a rape case? These are questions of judgment. Jurors know what the word "obscene" means—to them.

3. The causal relationship between obscene materials and antisocial behavior may not be provable, but common sense tells us it exists. In attempting to appraise soberly the dangers of the obscenity racket, we can apply common sense to known social ills. One such social ill is the appalling increase in juvenile delinquency and juvenile prostitution. Plainly enough, something is wrong with the patterns of moral behavior among adolescents and young adults. J. Edgar Hoover has stated flatly, "I believe that pornography can be considered a major cause of sex violence."

Both the Kefauver Committee and the Granahan Committee developed examples of specific crimes apparently directly attributable to the influence of pornographic or sado-masochistic magazines. One such case occurred in Florida, where a nude 17-year-old boy was found fatally suspended from a bondage device copied from a fetish publication.

One may well ponder the supplier's end of the business, too. A steady stream of teen-age girls continues to be attracted into nude modeling, perversion, and prostitution. Boys must be tempted into the sordid

ot

28

or

a,

k-

0.

n.

nd

or

EX

IRON
PLUS
THE
BENEFITS
OF A
FECAL
SOFTENER



OPTIMAL RELEASE NTHE AREA OF OPTIMAL UPTAKE

FERRO-SEQUELS...a rational, physiologic approach to the treatment of iron deficiency... with an improved, better-tolerated medicinal iron...with sustained action timed for optimal release...plus the fecal softener dioctyl sodium sulfosuccinate.

The better-tolerated ferrous fumarate is made available in optimal amounts at the sites where uptake is most efficiently accomplished. The bulk of the iron is timed for release through the duodenum-jejunum, and virtually all of the remainder in the ileum—thus corresponding closely to the normal sequence of absorption of medicinal iron described by Goodman and Gilman.²

The possibility of gastrointestinal irritation is greatly reduced... first, because of the excellent toleration of ferrous fumarate^{1, 2-6}... second, because the concentration of iron salt is not unduly high at any one point.

Dioctyl sodium sulfosuccinate helps soften stools for easier elimination.

Dioctyl sodium sulfosuccinate 100 mg.

Dosage: 1 or 2 SEQUELS® daily.

hiegraphy—1. Feldman, H. S.: Ferrous Furnarate in the Treatment of Iron Deficiency hemia, Virginia M. Month. 87:177 (April) 1960. 2. Goodman, L. S., and Gilman, A.: Pherocological Basis of Therapeutics, Second Edition, Macmillan, New York, 1955, p. 1455. Illingworth, D.-G.: Ferrous Furnarate. Brit. M. J. II (5159):1099 (Nov. 21) 1959. 4. New Monofficial Drugs: Ferrous Furnarate. J.A.M.A. 171:1104 (Oct. 24) 1959. 5. Shapleigh, B. and Montgomery, A.: Ferrous Furnarate: A Clinical Trial of a New Iron Compound.

Pract. 10 (3):461 (Mar.) 1959. 6. Swan, H. T., and Jowett, G. M.: Treatment of Iron Michigan With Ferrous Furnarate. Assessment by a Statistically Accurate Method.

4. 3. 18 (5155):782 (Oct. 24) 1959.

SUSTAINED RELEASE IRON CAPSULES LEDERLE

THE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pour! River, New York



business of serving as sex partners, photographers, film processors, and salesmen.

4. It is no more futile to combat obscenity than it is to combat other social evils that may gain allurement from the fact of their suppression. No laws ever have been wholly successful in curbing man's predilection for sin. But where obscenity statutes have been effectively enforced, the volume of seriously offensive material has been greatly reduced, say those in favor of such laws. If, as is charged, an obscenity statute makes forbidden fruit seem sweeter and runs up the price of dirty pictures, that's too bad; but it would be a strange sort of morality that would sanction immorality at bargain prices.

5. Education is the ultimate answer to the obscenity racket, but it must be supplemented by more immediate remedies. Psychiatrists have emphasized the terrible life-long effects that obscene materials can have on boys and girls in the impressionable years of puberty. Sex attitudes can be fixed at this age, so deeply that no parental affection or discipline can ever after them.

Thus the case for and against censorship. My every inclination is to side with the forces that speak for freedom of the press. The world I live in—a newspaperman's world—depends for survival on the vitality of the great constitutional principles embodied in the First Amendment. But if I've learned anything at all from my investigations, it's that both sides have some merit.

I do think it's true that there's a horrible fascination in pornography. I see a delayed cause-and-effect CONTA provide itching matory, are ofte Kenalog

Ker

for full in form no your Squal Product Refer to Product Re

Medical Economics, April 24, 1981



CONTACT DERMATITIS is the uniting factor. In this conditon, Kenalog provides rapid—even dramatic—involution of lesions, prompt relief of itching and burning. The Kenalog formulations exert marked anti-inflammatory, antipruritic, antiallergic action—and they are well-tolerated. They are often effective and well-tolerated where other preparations have failed.

Kenalog-S-when bacterial infection threatens or complicates; Mycologfor skin conditions caused or threatened by bacterial and/or fungal infection.

b: Kenalog Cream 0.1%-5 Gm. and 15 Gm. tubes. Kenalog Lotion 0.1%-15 cc. plastic squeeze a. Kenalog Ointment 0.1%-5 Gm. and 15 Gm. tubes. Kenalog Spray 50 Gm. and 150 Gm. con-ris 63.3 mg. and 16 mg. triamcinolone acetonide, respectively.

suby-5 Crsum 5 Gm. and 15 Gm. tubes. **Renalog-5 Lotion 7.5 cc. plastic squeens bottles. **Renalog-5 limits 5 Gm. and 15 Gm. tubes. **Each gram supplies 1.0 mg. (0.1%) triamcinolone actionide, 2.5 memory in base (as sulfate) and 0.25 mg. gramiciding.

© Cresm and Ointment 5 Gm. and 15 Gm. tubes. Each gram supplies 1.0 mg. (0.1%) triamcinolone &c. 2.5 mg. neomycin base (as sulfate), 0.25 mg. gramicidin and 100,000 units nystatin.

ream Mycol

SQUIBB



Squibb Quality - the Priceless Ingredient

.0018, "SPECTROCIN'S AND "HYDOSTATIN'S ARE SQUISS TRADEHARKS.

relationship between obscene matter and the act of adultery or rape. And I believe states and localities, moving with the utmost care under due process of law, have every right to do whatever they can to protect themselves.

I would urge the Post Office Department to be cautious in handling doubtful prosecutions; in such cases, let the scales tip in favor of the author, the publisher, the magazine editor. At the same time, I'm not too concerned about the banning of borderline material under state and local ordinances. You can always buy it elsewhere or order it by mail. And neither the state of public enlightenment nor constitutional liberties would suffer much.

If I were among those who cry out for censorship, I'd urge my brothers toward tolerance. I'd have them weigh the values of suppression against the values of a free press; the damage to society against the damage to individual liberty. If the damage to society seemed small, I'd ask them to side with the free press and liberty every time.

And if I were among those who reject all thought of censorship, I'd urge them to get acquainted with some ugly realities and learn what this obscenity racket is all about. I'd suggest they accept as a fact that for every postal case involving a "Lady Chatterley," there are a thousand cases involving hard-core pornography of a viciousness that might shake even their urbane attitude.

"To keep the reservoir clean!" That's the only valid purpose the advocates of censorship may pursue, and it's a purpose the opponents of censorship ought

Admirary infections of antity of greatness

Reports in hundreds of leading journals and scores of standard textbook, reflect the position of Gantrisin as a drug of choice in genitourinary infections.

O. S. & Kirwin, T. J., Co. SOCHE ABELIAYUMI Monta Med. 39:281-284, 306, M. II. G., J. Urol. 73:609-612, March 195. H. W., Jr., J. Am. Osteopath. A. 56:475 109, July 1955. Taylor, R. D., M. Clin. Noc.

"Am, J. Digest. Dis. 22:204-206, July 1955. Jerg, G. & Black, M., New York State J. Med. 5 ns, J. J., J. Kentucky M. A., 56:47, Jan. 1958. 32, Nov. 25, 1955. Carroll, G.; Brennan, R. J. H., Am. J. Obst. & Gynec. 67:916-930, April

16:64-70, June 1954. Pisciotta, A. V.; Hinz, J. E. & Hirschboeck, Lowa State Soc. 44:281-284, July 1954. Creevy, C. D., Postgramward, T. L. Lipscomb, J. M.; Buchtel, H. A. & Ivers, W. M., Rocky 54. Hughes, J. Coppridge, W. M. & Roberts, L. C., South, M. J. 47:1082.

h

en

n

e.

l'Urol. 72:1247.
, Dec. 1954. Maluf; N. S. R., J. Urol. 72:1104-1136, Dec. ; Marucci, H. D. e grtin, W. L., Ann. Surg. 140:832-838, Dec. 1954. Thompson 1953. Waisbren, H. & Hastings, E. V., Arch. Path. 55:218-222, March 1953. Barna. Clin. Med. 60:204-; pril 1953. Chen, J. Y. P; Priddle, O. D.; Crawford, J. & Boschott

nn. Med. 00:204-, pril 1953. Chen, J. Y. F.; Friddle, O. D.; Crawford, J. & Boschotti, Fed. Proc. 12:3 P. March 1953. Rattner, W. H. and Liberman, P. R., Clin. Med. 5:315 d. 243:682-68 Chonor, V. J. & Rhoads, P. S., J. Am. Geristrics See Chonols, P. S.; J. Am. Geristrics See Chonols, P. S.; J. Am. Geristrics See Chonols, P. S.; J. Am. Geristrics See Chonols P. S.; J. Am. Geristrics P. S.; J. Am. Ge

hoads, P. S.; I ander, J. D., J. Antibiotics & Chemotherapy 3:721-730, July 194 A.M.A. 152:1302-1304, Aug. 1, 1953. Herrell, W. E.; Nat Paghell, B. S., M. Times B; 1636-690, Oct. 1953. Mulholland Strasser, A., Wie 1. 46:689-691, July 1953. Litmer, S., Aerztl. Praxis 5:(7), 1. L. Southwestern Med. 34:248-251, July 1953. Numziante, L., Riidn p. 19:424-427, July 1953. Day 1952. Bus

Josp. 19-424-427, July
 M. Clin. North America
 M. Clin. North America
 M. Clin. North America
 M. Clin. North America
 System 1952. Jeghern, H., GP 6:72-83, Sept. 1952. Creevy, C. D., Suthiat.
 69:539-548, Oct. 19
 Johnson, D. H., Arch. Int. Med.
 Johnson, D. H., J. W., J. W.
 Johnson, D. H., J. J., J. Michigan State M. So
 Garvey, F. K. & Cline, W. A., Urol. & Cutan. Rev. 56:23-24, Jan. 1952. Humber, Jr., California Med. 76

Tortey, F. R. & Chimbrough, J. & Cultan, Rev. 39:23-24, Jan. 1932. Intrinant, F. Jr., California and C. Cri. T. Q. Jan. 19, 1952. Womack, C. R.; Jackson, G. G.; Gocker, T. M.; Kass, E. H.; Haight, T. H. & Finland, M., A. 1-323, Feb. 1952. Kimbrough, J. & Morse, C. W. H., Mil. Surgeon 110:177-180, March 1952. Royce, R. K., Bull. F., J.A.M. A. 148:1117-1121, March 29, 1952. Waisbren, B. A. & Carr, C., Am. J. M. Sc. 223:418-421, Ney, C. & Markham, M. J., New York State J. Med. 52:1033-1035, April 15, 1952. Secretan, M., Schweiz. med. May 1952. Bourgeois, G. A., Am. J. Surg. 83:671-673, May 1952. Carroll, G. & Brennan, R. V., J. Urol. 68:88-95, July 1952. Soconover, O. July 1952. Prentiss, R. J.; Mullenix, R. B. & Whisenand, J. M., California Med. 77:7-11, July 1952. Yor. 5:786-787, Nov. 1951. Filint, L. D., S. Clin. North America 31:681-690, June 1951. Cummings, R. H., Ariz pymous, Am. Prof. Pharm. 17:726-727, Aug. 1951. Carroll, G. & Brennan, R. V., J. Florida A. 32:257-5

O. Langemann, H., Schweiz. med. Wchnschr. 80:78-81, Jan. 28,

not to reject. Few persons will ever agree on what is meant by "clean," and fewer still will agree on acceptable methods for controlling pollution. But the effort to find a rational answer to this ancient problem is worth making. And our free society won't find anything inconsistent with freedom in seeking to keep the merchants of filth from our reservoirs. END

Why suppress pornography? Maybe it's healthy!

Psychiatrist Henry Davidson doesn't agree with Author Kilpatrick that the smut peddlers ought to be curbed. He's read the preceding book condensation and finds himself "squarely on the side of the devils." In the article that follows, he explains why.—THE EDITORS

Sure, there's a big racket in smut peddling. But wait a minute. I believe there are sound psychological and civic reasons why we ought to go slow on curbing the sale of trashy literature and prurient pictures. No, I'm not going to go out and buy the stuff for my kids; but I could understand their buying it, and I won't lead a campaign to arrest the storekeeper if they do.

In Madrid's great Prado Museum, nuns and monks take school children to see the paintings of Goya. One of them is a portrait of a nude duchess. It's part of Spain's heritage, and the people are proud of it. Spain once issued postage stamps showing a reproduction of this unclothed

ENOUGH IRON

Jefron Elixir provides *enough iron*—100 mg. per 5 cc. teaspoonful—to produce adequate hematopoietic response in uncomplicated iron deficiency anemia.

And with Jefron you can give *enough iron*—without gastric upset—in severe anemias, requiring increased dosage, and in prolonged therapy needed to replenish tissue stores.

DOSAGE: The recommended daily dosage is: For infants and children under six, 0.6 cc. to ½ teaspoonful. For children six to twelve, ½ to 1 teaspoonful. For adults, 1 or 2 teaspoonfuls. Supplied: 8 oz. bottles.



1961

PITMAN-MOORE COMPANY DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA



Jefron Elixir

Jefron Elixir is so palatable and so well tolerated that it is acceptable to almost all patients. lady. And yet reproductions of the painting are labeled "obscene" in the U.S. and are barred from the mails. Obviously, one of these three explanations must apply: Americans are more corruptible than Spaniards; the good nuns in Spain are trying to debauch the youngsters; or U.S. postal censors are wrong.

The

2000

meh

PER

Dow-

Inves

AFGC

By

has be

If you

'AME I ud vali

To sta

Sex is an important element of life, so it's foolish to banish it from art and literature. We can make a valid distinction between a sensitive, realistic portrayal of sexual emotions and a morbid excursion into fantasy. The former is an honest slice of life, the latter a kind of sick wishfulfillment properly called obscenity or pornography.

Many good people are saying that pornography can corrupt youngsters or drive them into delinquency. I find not one iota of scientific evidence to support this thesis. Hardly any authorities on the subject see a serious basis for the charge. I quote just a few of the many scholarly studies on the subject:

In her book, "The Impact of Literature," Marie Johada found that erotica has a minor or negligible effect on behavior. Robert Lindner says in his authoritative book, "Rebel Without Cause": "I am convinced of the absurdity of the idea that any form of reading matter can provoke delinquent behavior . . . Were all objectionable books to disappear from the face of the earth, this would in no way affect crime, delinquency, amoral behavior . . ." In "The Censorship of Books," Author D. Fellman found 878 causative factors thought to contribute to delinquency. Reading pornography was not on the list at all.

The evidence seems to indicate that reading or pictureviewing never corrupted anybody. As a matter of fact, many thoughtful psychiatrists argue that erotic books and pictures are actually healthy. They provide a sluiceway for draining away impulses that, if dammed back,

Medical Economics, April 24, 1911

It's good to own growth stocks!

The following tabulation shows you why, and it also shows you the good results you may expect from a carefully researched service such as "AMERICA'S FASTEST GROWING COMPANIES."

PERCENT CHANGE IN MARKET PRICE	12 Months to 12-31-59	12 Months to 12-31-60
Dow-Jones Industrial Average	. + 16%	- 10%
Investment Trust Average	. + 29%	- 2%
AMERICA'S FASTEST GROWING COMPANIES	. + 32%	+ 32%
AFGC Stocks Bought by John S. Herold, Inc	+ 90%	+ 43%

By concentrating on companies which are compounding their earning power and make at the highest rates, "AMERICA'S FASTEST GROWING COMPANIES" has been able to give its subscribers a wealth of profit-making information. Here are some highlights of the current issue:

- GROWTH STOCK PORTFOLIO OF J. S. HEROLD, INC.
- YEAR-TO-YEAR PROFIT GROWTH OF 148 STOCKS.
- NEW GROWTH COMPANIES ADDED TO AFGC LIST.
- GUIDE TO INVESTMENT SELECTION.
- PRICE RECORD OF GROWTH STOCKS.

3

6-

k,

4, 1961

- TRANSACTIONS BY "INSIDERS" AND TRUSTS.
- COMPANIES REPORTING STRONG EARNINGS UPTREND.

If you are a serious investor who does not have to be told what stocks to buy or all, but prefers to make his own decisions on the basis of carefully presented facts, "AMERICA'S FASTEST GROWING COMPANIES" will be of unusual interest and value to you.

To start a 3-month trial subscription at the introductory price of \$10, with privitee of cancellation and full refund at any time, merely complete the order form bow and return it to us now.

would explode into aggressive behavior. Says Benjamin Karpman, psychotherapist at the Government's St. Elizabeth Hospital in Washington, D.C.: "People who read salacious literature are less likely to become sexual offenders than those who do not."

A case might even be made for the positive propriety of erotic literature. Thus, God gave us sexual apparatus to enjoy, just as he gave us a palate and a stomach. Erotic literature deepens the pleasures of sexual behavior. Such literature therefore aids in fulfilling a divine purpose. Admittedly this argument sounds tongue-in-cheek but, given the major premise, it is inherently logical.

The censors obviously don't agree. It's interesting to speculate on their motives. They never seem to think their morals are corrupted by erotica. Either they have a strange immunity, their thesis is wrong, or they don't read the stuff they condemn. In measuring obscenity, the censor's appraisal is more subjective than the appraisal of any other crime. Burglary can be defined as breaking into an occupied house with intent to commit a felony; each component is reasonably objective. But there's no objectivity in "lascivious" or "obscene"; each man is his own censor. Thus it seems clear that when a democracy boasts it governs by laws and not by individual whim, it can't logically tolerate subjective criteria of evil. For they're the only criteria possible in striking down the obscene and separating art from trash.

Ralph Waldo Emerson once said that every burned book enlightens the world. Mark Twain summarized it neatly: "Man is the only animal capable of having a dirty mind." The fact that giggling teen-agers don't flock to museums to see paintings of nude women suggests that trashy pictures and books would soon become bores if we didn't keep them under the counter.

Percodan tablets effectively relieve pain through a range of









intensities commoncing with moderate pain and extending







through major traumatic areas into further regions of severe paid







Percodan Bits of Dhysolydraycosinane and Honstroine, plus ADy

for pain

18

C-

qs

ID

4, 1961

prompt relief profound relief prolonged relief ACTS FASTER—usually within 5-15 minutes. LASTS LONGER—usually 6 hours or more. MORE THOROUGH RELIEF—permits uninterrupted sleep through the night. RARELY CONSTIPATES—excellent for chronic or bedridden patients.

AVERAGE ADULT DOSE: 1 tablet every 6 hours. May be habit forming. Federal law permits oral prescription.

Each Percodan* Tablet contains 4.50 mg. dihydrohydroxycodeinone hydrochloride, 0.38 mg. dihydrohydroxycodeinone terephthalate, 0.38 mg. homatropine terephthalate, 224 mg. acetylsalicylic acid, 160 mg. acetophenetidin, and 32 mg. caffeine.

Also available—for greater flexibility in dosage— PERCODAN®-DEMI: The PERCODAN formula with one-half the amount of salts of dihydrohydroxy-codeinome and homatropine.

Endo

ENDO LABORATORIES
Richmond Hill 18, New York

*U.S. Patent Nos. 2,628,185 and 2,907,768



One pharmaceutical research executive points up the importance of failures as guideposts to success in the search for new or improved drugs when he says:

ence,

Ayers

Met Met Cerea Iow

Davel

Dorse

Eaten

Ende L Perc

Fleet C

Gaigy I

Herold,

Knox G Gelati

Lederle Achro

Aristo

Bama Declor

Ferro-

Phos

Fura Furo

"Failure is our most important product."

The pharmaceutical industry's investment in research has been growing much faster than the industry itself. Last year the prescription drug companies spent a record \$197 million for research, a five-fold increase in the space of ten years. Such an investment is possible, of course, only when there are profits. • This growth in privately financed research has sent the volume of laboratory failures soaring. For two years in a row the pharmaceutical industry has tested more than 100,000 substance in the search for new medicines. Fewer than two per cent showed enough promise for clinical testing. Only a handful will ever be sold as prescription drugs. The odds against finding a product with therepeutic value probably exceeded 2000-to-1. • But year by year, as the failures mount, the successes also increase, putting new or improved medications at the disposal of the medical profession. And the public benefits through better health, specific cures, shorter hospitalization, longer lives. • This is only one part of the massive assault on disease that engages the health team headed by the medical profession and embracing hospitals, nurses, pharmacists, technicians, and college

It is an effort that could only take place in a society which encourages individual freedom and guarantees incentives to freedom of enterprise.

This message is brought to you in half of the producers of prescripin drugs. For additional information, please write Pharmaceutical Manuetturers Association, 1411 K Street, N.W. Washington 5, D.C.

Index of advertisers

Medical Economics, April 24, 1961

Page numbers in parentheses refer to product listings in Physicians' Deak Reference, published annually by Medical Ecosmics, Inc. "Supp." stands for the Supplement to PDR, issued quarterly.

Abbett Laboratories Compocillin-VK (PDR 503)160, 161
Ames Company, Inc. Decholin (PDR 517)
Armour Pharmaceutical
Chymoral (PDR 521)189
Ayerst Laboratories Riopan (PDR 530)104, 105
Seamless Elastic Stockings
Birtcher Corporation, The Hyfrecator27
Berden Company, The Methakote183
Cereal Institute, Inc. Iowa Breakfast Studies4
Ciba Pharmaceutical Products, Inc. Ciba Reports 169, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180
Ser-Ap-Es (PDR 570)247
Davel Rubber Company Lubraseptic Jelly194
Dersey Laboratories Tain
Eston Laboratories Furndantin (PDR) 583)
Ende Laboratories Percodan (PDR 586)243
Fleet Co., Inc., C. B. Phospho-Soda (PDR 588)
Gelgy Pharmaceuticals, Inc. Butasolidin (PDR 590)
Hareld, Inc., John S., "America's Fastest Growing Companies" 241
Knex Gelatine Co., Inc., Chas. B. GelatineInsert between 184, 185
Lederle Laboratories 6.2, 192 Achromycin (Pp8 609) .62, 192 Aristomin (Pp8 611) .122, 123 Bamadex (PDR 612) .154, 155 Declomycin (PDR 612) .128, 129 Ferro-Sequels (PDR 5upp.) .232, 233 Stresscaps (PDR 702) .28

growon drug ncrease se, only rch has a row stance showed be sold thera-, as the proved public ization, disease on and olleges

you in le rescription formation Manufareet, N.W.

Lifly & Company, Eli Darvon (PDR 624)	1
Tringicon (ron 600) : Instit Derwei	e
Zentron 216, 2 Lloyd Brothers, Inc. Roncovite-mf (PDR 636)	_
	ø
McNeil Laboratories, Inc.	a
Nacton Twiston (PDR Supp.)	2
Malthie Laboratories Dornwal (FDR 639)	
Massengill Company, The S. E., Homagenets (PDR 642)	2
Mead Johnson & Company Sobre (PDR 648)	
March Chara & Dahma	
Cyclex (PDR 651)	100
Cyclex (PDR 651) 22 Hydeltra T.B.A. (PDR 655) 24 Hydropres (PDR 656) 108, 10 Purivax (PDR 658) 38, 3	81 81
Merrell Company, The Wm. S., Tace (PDR 663)IF	Y
Mulford Colloid Laboratories Anergex (PDR 665)	14
Organen, Inc., Durabolin (PDR 671)	34
Parke, Davis & Company	
Benylin Expectorant (PDR 675) 22	15
Politon & Crane Co. The	
Omni Clave	11
Pfizer Laboratories Bonine (PDR 684) 144 14	LE
Cosa-Terramycin (PDR 686)18, 1	5
Prizer Laboratories	13
Vistaril (PDR 688)	1
Pharmaceutical Manufacturers' Assn.	
PHYSICIANS' DESK REFERENCE	
Pitman Magra Company	
Jefron Elixir (ros 691)23	19
Research Supplies Glukor (PDR 697)16	2
Riker Laboratories, Inc. Titralac (PDR 701)11	4
Robins Company, Inc., A. H.,	
Allbee with C (PDR 702)14 Dimetapp Extentabs (PDR Supp.)22	1
Dimetapp Extentabs (PDR Supp.) 22 Donnatal (FDR 703, 704)	88

Gant Libr Nolu	Laboratorie trisin (PDR 70 ium (PDR 70 dar (PDR 71 acol Timesp	707) (8)		64, 68
Amp Enar	& Co., Inc., lus Improve ax (PDR 714 nc., Wm. H., iptin (PDR 7	J. B., d (PDR 1	714)	57
Pro-	Corporation Durosterone	PDR 71	7)	193
Cafe	Pharmacer rgot (PDR 71 ril (PDR 720	9)		34
Deler	ng Corporati nar (PDR 722 cin (PDR 723 halmics Derm Aeros	3)		60, 61
Searle	& Co., G. D.,			
Shield Riaso	Laboratories			8
Simmo Beaut	ns Company tyrest Adjus	y, The	ed	227
Smith, Comb	Kline & Fren	nch Lab	oratorie 734)	sBC
Smith, Trula	Miller & Pat se (PDR 747)	ch, Inc.		30
Kena Myco Nocte	& Sons, E. I an (PDR 751 log Cream log Cream e (PDR 756) ds (PDR 757	(PDR 7	54)	159
Biphe	burgh Co., I tamine (PDI	R 765)	}	42, 43

U. S. Vitamin & Pharmaceutical Corpora-
Arlidin (PDR 775)44, 45
Upjohn Co., The Medrol (PDR 786) IBC Medrol (PDR 789) .42 Orinase (PDR 789) .142 Panalba (PDR 790) .132, 133 Provera (PDR 791) .153
Wallace Laboratories Deprol (PDR 797) 148 Milprem (PDR 797) 184, 186 Miltrate (PDR 797) 184, 186 Miltrate (PDR 797) 5, 5 Soma (PDR 797) 20, 21
Warner-Lambert Pharmaceutical Co. Agoral (pps 799) 213 Anusol and Anusol-HC (pps 799) 117 Choledyl (pps 800) 11 Gebusil (pps 800) 19 Peritrate (pps 801) 18 Insert between 32, 32 18
Sinutab (PDR 801)
Weich Allyn, Inc. Kleen Spec Disposable Otoscope Specula
Westwood Pharmaceuticals Fostex Cream/Cake (PDR 804)168
White Laboratories, Inc. Sorboquel (PDR 807)
Whitehall Laboratories BiSoDol Mints
Winthrop Laboratories, Inc. Trancoprin (PDR 811)146, 147
Zenith Radio Corporation

Amusing... amazing... embarrasing...

No doubt one of these adjectives describes some incident that has occurred in the course of your practice. Why not share the story with your colleagues? If it's accepted for publication, you'll receive \$25-\$40.

Contributions must be unpublished. They cannot be either acknowledged or returned. Those not accepted within ninety days may be considered rejected. Address: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.

Hypertension of 7 years' duration yields to Ser-Ap-Es

hate used with patient's permission.

DOVA

14, 45

..142

185

..197

..208

.163

. 219

..186

6, 147

Combination brings blood pressure down after other agents fail—During the past 7 years, Mrs. E. A.'s hypertension gradually advanced in severity. In 1956 and 1957 multiple retinal hemorrhages occurred in the right eye, and vision in this eye deteriorated. Retinopathy advanced to Grade III; EKG showed left ventricular hypertrophy; renal studies showed increasing involvement.

A wide variety of antihypertensive agents (including ganglionic blockers) failed to stabilize blood pressure at satisfactory levels or caused

troublesome side effects.

When therapy with Ser-Ap-Es was started, Mrs. A.'s blood pressure (sitting and standing) was 230/120 mm. Hg. With Ser-Ap-Es, blood pressure (sitting and standing) has now been reduced to 190/90, and Mrs. E. A. enjoys a measure of control that had not been achieved with previous agents.

Because it provides 4 actions—central, cardiac, renal and vascular—in one convenient tablet, Ser-Ap-Es can help you bring more of your hypertensive patients under control.

SUPPLIED: Tablets (salmon pink), each containing 0.1 mg. Serpasil, 25 mg. Apresoline

hydrochloride, and 15 mg. Esidrix.
For complete information about SerAp-Es (including dosage, cautions, and side effects), see Physicians:
Desk Reference or write CIBA, Summit, N. J.

SERPASIL® (reserpine CIBA)
APRESOLINE® hydrochloride
(hydralazine hydrochloride CIBA)
ESIDRIX® (hydrochlorothiazide

The actions of Serpasil, Apresoline and Esidrix in a single tablet:

Ser-Ap-Es

CIBA

Memo from the editors

Medical Economics, April 24, 1961

Investment opportunities

How much will it take to finance your family's future whether you die prematurely, become disabled, or live to retire? It will take at least \$125,000, and maybe as much as \$200,000, if you have a wife and two children. That's the general goal established by our past studies.

"What an impossible goal!" one doctor wrote after reading this. "I'd have to save \$5,000 a year for the next twenty-five years..."

If nest eggs were built by savings alone, we'd all feel as frustrated as this man. Thank goodness there are additional ways to build an estate. The typical doctor not only saves money; he spends some on insurance, and he invests some where it'll grow.

But where will it grow? That's the crucial question.
MEDICAL ECONOMICS does its best to answer it through a continuing series of articles on investment opportunities. One such article—the seventeenth in the last year—appears on page 66. The sixteen before it

listed a total of 147 stocks with good growth prospects. The authors were expert, varied, and (we believe) unbiased.

What's the worth of the ideas they've given you in MEDICAL ECONOMICS? Since long-range growth is the aim, it's too early to tell exactly. But there are some straws in the wind. Witness the performance of three cross-sectional lists of stocks we've published in the past year. Since their listing:

¶ A model portfolio of twentythree stocks selected by David R. Sargent in April, 1960, has gained 24 per cent in value.

¶ A selection of ten stockmarket newcomers listed by Thomas J. Owens in October, 1960, has gained 33 per cent

¶ Sixteen assorted growth stocks listed just three monthago by Raymond Trigger have gained 40 per cent.

Can you count on such growth? Of course not. Wall Street doesn't work that way, and experts can be as wrong a anyone else. But they're more often apt to be right. Past performance suggests they're worth paying attention to.

with The

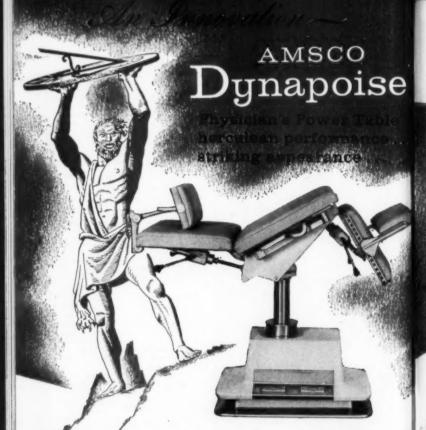
deas ICAL ange earare Withree

ocks ear.

avid has ie.

by ober, cent. owth on the have

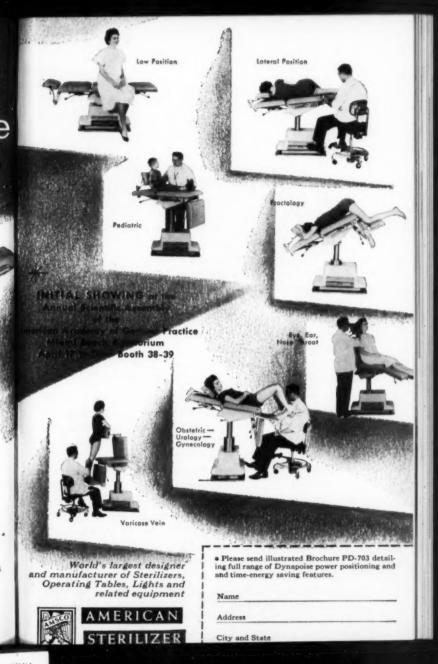
way,
ig as
more
Pass
ey're



Unmistakably professional in appearance — without equal in performance, Dynapoise saves time and energy. Its complete versatility of smooth power positioning will enable you to examine and treat MORE patients per office hour. Your patients will be more comfortable, relaxed, and responsive... and YOU will be less tired at the end of "hours."

This new powerized Examining and Treatment Table for office and clinic, is a logical projection of the continuing research that produced, and is producing, the world's most favored surgical operating tables.

Dynapoise is clearly destined to become "standard" for modern medical offices. May we suggest that you investigate its physician-oriented advantages...now? Mail the coupon for eight-page Brochure PD-703.



the exclusion of all others, and often enough it would bloom into monstrous ego.

But the demands of Abundance are for skill, perspective, considerateness, and—hardest of all—for individuality strong enough not to need the old-fashioned, monomaniac supports. The opportunity of this era is not only for the self, but for innumerable selves—all of them we can accommodate. It is in this that we have left precedent behind.

Until our dirty and disreputable industrial civilization came along, even the modest range of cultural experience that the arts represent was foreclosed to all but a tiny minority. Individualism as we know it, as a possibility for the many, did not exist until modern times. A society that makes individualism possible is a new thing. One that could endure would be our most admirable artifact.

To say it once again, Abundance is not a social soporific but a call on society and its members to transcend themselves. It leaves us no alternative but to think. I have nowhere found this better stated than in a remark of Gregory Corso, the beatnik poet, to columnist Art Buchwald. Mr. Corso was explaining that poetry was taking over the country. that soon the bankers would be beatniks too and open the vaults, and then we would all be rich. "It won't be long before everyone will sit in bed eating big fat pies," he said. "They got machines now to do the work. People got to start thinking. That's what's going to save us. Everyone staying in bed and eating big fat pies and thinking." There won't be anything else to do. END

th

BI

ca

is

 $b\epsilon$

TRU

resu

tub

EAS

med

Sin

ond

pap

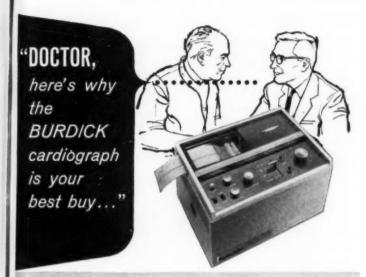
reco

Sep

star

DEP

free



TRUE HIGH FIDELITY — Greater precision and clarity of records result from the EK-III's newly designed galvanometer, its new tubular flat-writing stylus, a special amplifier system.

EASE OF OPERATION — A simplified top-loading paper drive mechanism eliminates tedious paper threading. No paper curl. Single 4-position Amplifier/Record switch saves time. One-second marker automatically indicates on the upper margin of the paper which speed is being used. Dual-speed (25mm./50mm.) recording.

Separate "½ V" lead selector position to automatically reduce standardization on V leads one-half; used in recording chest leads of high amplitude.

DEPENDABILITY — Rugged construction assures years of trouble-free service. Realistic portability; weighs just $22\frac{1}{2}$ pounds without accessories $(26\frac{1}{2}$ pounds complete).

Will you say "yes" to our invitation to see the EK-III in action?



Branch Offices: New York • Chicago • Atlanta • Los Angeles Dealers in all principal cities

THE BURDICK CORPORATION

MILTON, WISCONSIN



Cremomycin_® provides rapid relief of virtually all diarrheas

NEOMYCIN — actively bactericidal against a wide range of gram-negative intestinal pathogens but relatively ineffective against certain diarrhea-causing organisms.

SULFASUXIDINE, succinylsulfathiazole—an ideal adjunct to neomycin because it is high effective against Clostridia and certain other neomycin-resistant organisms.

KAOLIN AND PECTIN - coat and soothe the inflamed mucosa, adsorb toxins, help provide rapid symptomatic relief.

Additional information on CREMOMYCIN is available to physicians on request.



MSD MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA

CREMOMYCIM AND SULFASURIDINE ARE TRADEMARKS OF MERCE & CO., INC.

Page produc ence, p nomics Supple

Abbott L Filmta America

Amsco Ames Co Clinite Armour I Chymo

Ayerst L Plegine Prema Premai

Birtcher Hyfrec Borden C Methal Breon La

Bronko Bronko Lanest Bristol L Tetrex Syncill

Burdick ! EK-III Burrough Cortisp Neospo Polyspe

> Chemico Reticul Ciba Pha Ciba Re Serpasi

Colwell C Daily I Desitin C

Desitin Desitin Supp Dietene !

Meriter Dorsey L Kanula

Eaton La Tricofu

Index of advertisers

Medical Economics, April 10, 1961

product listings in Physicians' Desk Refer-	Cot
ence, published annually by Medical Eco- nomics, Inc. "Supp." stands for the Supplement to PDR, issued quarterly.	Erdm
Abbott Laboratories	Fleet
Filmtabs Erythrocin (PDR 506)152, 153	Fuller
American Optical Company AO Hb-Meter	The
American Sterilizer Company American Dynapoise Table262, 263	Geigy
Ames Company, Inc. Clinitest (PDR 516)145	Tof
Armour Pharmaceutical Company Chymoral (PDR 521)	Hista
Averet I aboratories	
Plegine	Knoll
Premarin Intravenous (PDR 529)155	Qua
Birtcher Corp., The Hyfrecator	Leder
Berden Company, The	Ach
Methakote (PDR 536)	Dec
Bronkotabs Elixir (PDR 539)257	Lloyd
Lanesta Gel	Lorilla
Bristol Laboratories Tetrex Capsules (PDR 548)121	Ken
Syncillin (PDR 547) Insert between 164, 165	McNe
Burdick Corporation, The EK-III Electrocardiograph	But
Burroughs Wellcome & Co., Inc.	Malth
Burroughs Wellcome & Co., Inc. Cortisportin (PDR 550) 68 Neosporin (PDR 552) 68 Polysporin	Medic
Polysporin	U
Chemico Labs., Inc.	Rect
Reticulose (PDR 556)229	Merck
Ciba Pharmaceutical Products, Inc. Ciba Reports 133, 135, 136, 137, 138,	Crei
139, 140, 141, 142, 143, 144	Deci
Serpasil (PDR 570)67	Diu
Colwell Company, The Daily Log	Neo
	Stri
Desitin Chemical Company Desitin Hemorrhoidal Suppositories	Merre
Desitin HC Hemmorrhoidal Suppositories with Hydrocortisone	Koli Mer
Dietene Company, The Meritene	Ten Minne
Dorsey Laboratories	Scot
Kanulase (PDR 732)60, 61	Nicho
Eaton Laboratories	_
Furacin (PDR 582, 583)	Organ

Page numbers in parentheses refer to product listings in Physicians' Desk Refer-	Endo Laboratories Coumadin (PDR 585)24
ence, published annually by Medical Eco- nomies, Inc. "Supp." stands for the Supplement to PDR, issued quarterly.	Erdman & Associates, Inc., Marshall Modern Medical Office
bbott Laboratories	Fleet Co., Inc., C. B. Oil Retention Enema (PDR 588) 204, 206
Filmtabs Erythrocin (PDR 506) 152, 153	Fuller Bharmanautical Communication
AO Hb-Meter	Therapads
merican Sterilizer Company	Geigy Pharmaceuticals, Inc.
merican Sterilizer Company Amseo Dynapoise Table262, 263 mes Company, Inc.	Tandearil
Clinitest (PDR 516)145	
rmour Pharmaceutical Company Chymoral (PDR 521)115	Histacount190
yerst Laboratories	
Plegine	Knoll Pharmaceutical Company Dilaudid (PDR 605, 606)
irtcher Corp., The Hyfrecator197	Achrocidin (PDR 609)
Methakote (PDR 536)33	Achrocidin (FDR 609)
Pronkotabs Elixir (PDR 539)257	Lloyd Brothers, Inc. Surfak (PDR 637)
Lanesta Gel	Lorillard Company, P.
ristol Laboratories Tetrex Capsules (PDR 548)	Lorillard Company, P. Kent Cigarettes
Syncillin (PDR 547)	McNeil Laboratories, Inc.
Insert between 164, 165	Butisol Sodium (PDR 644)166
urdick Corporation, The EK-III Electrocardiograph265	Nacton226, 227
urroughs Wellcome & Co., Inc.	Maltbie Laboratories Dornwal (ppr 639)14
Cortisportin (FDR 550)	
Neosporin Polysporin (PDR 552)68	Medicone Company Rectal Medicone Suppositories/ Unguent185
nemico Labs., Inc.	Rectal Medicone-HC Suppositories J
Reticulose (PDR 556)229	Merck Sharp & Dohme (Div. of Merck & Co., Inc.)
ba Pharmaceutical Products, Inc. Ciba Reports 133, 135, 136, 137, 138,	Cyclex (PDR 651)
139, 140, 141, 142, 143, 144 Serpasil (PDR 570)67	Decadron (PDR 652)
lwell Company. The	Neo-Decadron Ophthalmic
Daily Log	Solution (PDR 657)
sitin Chemical Company	Merrell Company, The Wm. S.
Desitin Hemorrhoidal Suppositories Desitin HC Hemmorrhoidal Suppositories with Hydrocortisone	Kolantyl (PDR 662)
etene Company, The Meritene23	Minnesota Mining & Mfg. Co.
orsey Laboratories	Scotch Surgical Tape Microporous178
Kanulase (PDR 732)60, 61	Nicholas-Glidden Company Chocolate Zymenol (PDR 667)233
ton Laboratories	
Furacin (PDR 582, 583)	Organon, Inc. Durabolin (PDR 671)245

...Index of advertisers

Ortho Pharmaceutical Corp.	Sherman Laboratories
Delfen Vaginal Cream (FDR 672)113 Preceptin Vaginal Gel (FDR 673)113	Elixophyllin Oral Liquid (PDR 730)223
rreceptin vaginal Gel (PDR 6/5)115	Shield Laboratories Riasol (PDR 731)200
Parke, Davis & Company	
Benadryl (PDR 675)	Simmons Company, The Ortho-Fiber Bedboard69
Carbrital (PDR 675)4	
Elase (PDR 677)65	Spencer Industries Bronze Signs
Midicel (PDR 679)	
Midicel (PDR 679) 168, 169 Myadec (PDR 679) 188, 189 Norlutin (PDR 679) 246, 247	Spirt & Co., Inc.
Pfizer Laboratories	Lipan (PDR 747)211
Bonine (PDR 684)225	Squibb & Sons, E. R.
Cosa-Terramycin (PDR 686)194, 195	Delalutin (PDR 749)
Diabinese (PDR 685)10, 11	Rautrax-N (PDR 758)
Procter & Gamble Company	Strasenburgh Co., R. J.
Ivory SoapBC	Biphetamine/Ionamin (PDR 765) .208, 209
Professional Printing Company	Engliceminate, Ionamina (100 100) 1200, 200
Histacount Products190	Tampax Incorporated
	Tampax37
Reed & Carnrick	
Alphosyl Sebical (PDR 675)	United States Brewers Association, Inc.
Sebical (PDR 675)12	Beer
	Corporation
Research Supplies Glukor (PDR 697)210	A. CVD
	CVP (PDR 775)254, 255
Riker Laboratories, Inc. Norflex (PDR 700)164	Upjohn Company, The
	Cytran (PDR 782)196
Ritter Company, Inc., The Castle "8" Spotlight 1	Didrex (PDR SUFP)24
Castle "8" Spotlight	Medrol (PDR 786)
Robins Company, Inc., A. H.	Medrol Medules (PDR 786)
Adabee (PDR 702)215	Orinase (PDR 789)
NaClex (PDB 704)187	Panalba (PDE 790)
Phonenhon (ppp 705)	Provera
Robaxisal (PDR 706)16, 17	Wallace Laboratories
Robaxisal-PH (Con 100)	Deprof (PDR 797)
Roche Laboratories	Meprospan-400 (PDR 797)
Roniacol Timespan (PDR 711)28, 29	Milpath (PDR 797)
Roerig & Company, J. B.	Milprem (PDR 797)
Antivert (PDR 714)193	Miltown (PDR 797)
Maxipen/TAO (PDR 715)172, 173	Soma (PDR 797)
Rorer, Inc., Wm. H.	Soma Compound (PDR 798)236, 237
Ascriptin (PDR 716)20	Warner-Chilcott Laboratories
Maalox (PDR 716)160, 161	Choledyl (PDR 800)
Sanborn Company	Nardil (FDR 800)
Electrocardiographs26	Proloid (PDR 801)147
Sandoz Pharmaceuticals	Warren-Teed Products Company, The
Mellaril (PDR 720)34, 35	Modane (PDR 803)
Schering Corporation	Westwood Pharmaceuticals
Diloderm Cream (PDR 723)	Fostex/Fostril (PDR 804)183
Metreton (PDR 724)43	White Laboratories, Inc.
Naqua (PDR 724)	Entoquel Syrup
Neo-Diloderm Cream	Entoquel with Neomycin Syrup 44, 45 Mol-Iron Chronosules
Sigmagen (PDR 725)249	
Schmid. Inc Julius	Whitehall Laboratories Anacin
Ramses (PDR 728)184	
Scholl Mfg. Co., Inc., The	Winthrop Laboratories A.P.C. with Demerol
Arch Supports200	A.P.C. with Demerol Tablets (PDR 809)119
Searle & Co., G. D.	Wyeth Laboratories
Dramamine (PDR 729)202, 203	Equanil L-A Capsules (PDR 814)180, 181

Th

You Cas spot low-brig 10" light a sl assu tern get i

mov your tone Th

You

Cast the t bact for s steri simp and Safe wate Spee write ever

ROCH M TROUBLE!

The kind you can see ...

You can see better with a Castle "8" Spotlight. You spot trouble fast with this low-cost light. You see it bright and clear, in a 6"-to-10" flood of color-corrected light. 28 beams, each from a slightly different angle, assure constant light pattern, even when your hands get in the way! Lamphead moves in every plane at your touch. Choice of Jade, Coral or Silver-

0

1

9

9

7

6

5



Castle_ NO. 8 SPOTLIGHT

tone; in portable, wall, or ceiling mounting.

The kind you can't see ...

You don't have to worry because the Castle 777 SpeedClave takes care of the trouble you can't see—destroys all bacteria quickly, economically, and for sure! It takes only 10 minutes to sterilize from a warm start. And so simple—just one dial setting. Just set it and forget it; everything's automatic. Safety valve, self-opening door, lowwater cut-off—they're automatic too! SpeedClave is compact as a typewriter, easy to carry. You'll use it everywhere, and you'll use it lots.



777 SPEEDCLAVE

Ritter
COMPANY NO.
ROCHESTER 3 NEW YORK
Medical Division

5204 Ritte	r Park, Roche	ster 3, N.Y.
	nd informati Light Spe	
NAME		
ADDRESS.		

Memo from the editors

Medical Economics, April 10, 1961

If you're not typical

"How typical are you?" this column asked last month. If you measured yourself against the data given there for MEDICAL ECONOMICS' typical reader—age 47, three children, a \$35,000 home, 6,500 patient-visits a year, an after-tax net income of \$18,900, and so on—you may well have found that you weren't at all typical. Think what this means to the editors:

You may be 25 or 75 years old -and still we want to print articles of special interest to your age group. You may be a bachelor living in an apartment or a large-family, country-estate type-and still we aim to print articles pertinent to your personal finances. You may be an allergist or an X-ray specialist, salaried assistant or group head, rural practitioner or bigcity consultant-and still we hope to help you with your practice. How can we hit so many diverse targets?

We can't hit them all at once. But issue by issue, we deliberately draw a bead on minority groups of readers and give them what they've asked for. Thus:

¶ "What are the pros and cons of returning to my home town to practice?" one young doctor asked. His question reminded us that others have asked it too. Hence our forthcoming article "What It's Like to Practice in Your Home Town."

"I'm in the market for a second house," an older doctor told us. "Something simple that my family can use during the summer. Got any suggestions?" Coming: "Best Buy in a Vacation House."

"How about some useful tips for us doctors who do a lot of public speaking?" several medical leaders have asked. Coming: "Dos and Don'ts When Using a Mike."

Of course, most articles in this magazine deal with more typical problems—those of the majority of practicing physicians. But whenever a substantial minority of readers seem interested in a special problem, we'll take it up in print. All we need from you, if you're not typical, is some indication of what your special problem is. We're listening. . . END